

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/01/2019 12:02
Date Of Accident	31/12/2018 14:15
Exact Location Of Accident	JUNC OF KEPPEL RD & CANTONMENT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7205U
Insured/Policyholder	
Name Of Registered Owner	ANG YONG KWANG (HONG YONGQUAN)
NRIC No	S8434447H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90992055
Alternative Phone No	OFFICE-65708770

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29075771 QMX
Cover Note Number	-

Driver

Name of Driver	CHENG KOK BOON
NRIC No	S1607766F
Date Of Birth	01/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1984
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97237163
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 269D COMPASSVALE LINK #11-81
Postcode	544269
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD7649G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHENG KOK BOON
Approximate Age	
Injuries Sustain	LEFT SIDE SHOULDER JOIN, BACKACHE AND STIFF ON NECK
Injured person in which vehicle?	SLM7205U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Department Link

A = SLM720SU
B = SKD 7649G.

Koppel Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190101/2050

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190101/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2019 13:29	Vide Report No.:	Station Diary No.: 59
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Informant's Particulars

Name of Informant: CHENG KOK BOON			Address: APT BLK 269D COMPASSVALE LINK #11-81 SINGAPORE 544269		
ID Type / ID No.: NRIC NO / S1607766F			Contact No.: Home/Office: Mobile: 97237163		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 01/07/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SITE MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2018 14:15	Type of Location: Y-Junction
Location: Along Road 1 KEPPEL ROAD				
At the junction of Keppel Road and Cantonment Link				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD7649G	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR			0
SLM7205U	Car	TOYOTA	COROLLA AXIO 1.5X CVT		Seriously Damaged	0

POLICE REPORT



**SINGAPORE
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T/20190101/2050

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Report No. T/20190101/2050

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM7205U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A29075771QMX	07/04/2018	06/04/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHENG KOK BOON		ID No. S1607766F
Related Vehicle	SLM7205U (Car)		Contact No. 97237163
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	31/12/2018	Date Discharge	31/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 31/12/2018 at between 1415hrs - 1430hrs, I was driving my company vehicle bearing the registration number SLM7205U along Keppel Road. I then approached a traffic light at the junction of Keppel Road and Cantonment Link. The Traffic light turned amber to red. As I saw the traffic light change, I slow down and stop before stop line. Whereby all of the sudden, I felt an impact coming from the rear of my vehicle. My vehicle then surged forward due because of the impact.

I alight from my said vehicle and suddenly the other driver came towards me without saying for my well-being and started to become hostile. Knowing that the situation was heated up, I just took photo of the incident. After which, I manage to get the other person's driver's license but not the contact number. I also manage to get the vehicle number of the said driver which is SKD7649G and left thereafter. About a few hours later, I felt pain on my left side of my shoulder join, backache and stiff on the neck. As such, I proceed down to Sengkang General Hospital A&E department for a check-up, whereby I received a total of 5 days MC dated from 31/12/2018 till 04/01/2019.

I wish to state that my said vehicle sustained damage such as dent on the rear bumper. The rear bumper also dismounted from its original place. I also wish to state that I do not know the total cost of damage to my said vehicle. I further wish to state that I do not have any in car camera installed in my said vehicle.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190101/2050

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Report No. T/20190101/2050

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 MOHAMMAD HUSAINI BIN MOHAMMAD
YUSOFF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/01/2019 13:29

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

