

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	21/01/2019 18:59
Date Of Accident	19/01/2019 02:45
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9500Z
Insured/Policyholder	
Name Of Registered Owner	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD
Co Reg No	199305775
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98327733

Vehicle Particulars

Manufacturer	LEXUS
Model	ES 300
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29113376 MCY
Cover Note Number	

Driver

Name of Driver	CHUA WEI JUN
NRIC No	S9590196D
Date Of Birth	15/05/1995
Occupation	INDOOR
Date Of Driving Pass	26/09/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91851948
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 207D COMPASSVALE LANE #09-42
Postcode	547207
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	4
Passenger 1	NAME: : LIM ZHI WEI GENDER: : MALE
Passenger 2	NAME: : TANG GUA RONG GENDER: : MALE
Passenger 3	NAME: : POH TENG EN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190120/2017

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1709Y
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties PEDESTRIAN

Vehicle Category NA/UNKNOWN

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 UNKNOWN

Approximate Age

Injuries Sustain SLIGHT(PEDESTRIAN)

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.



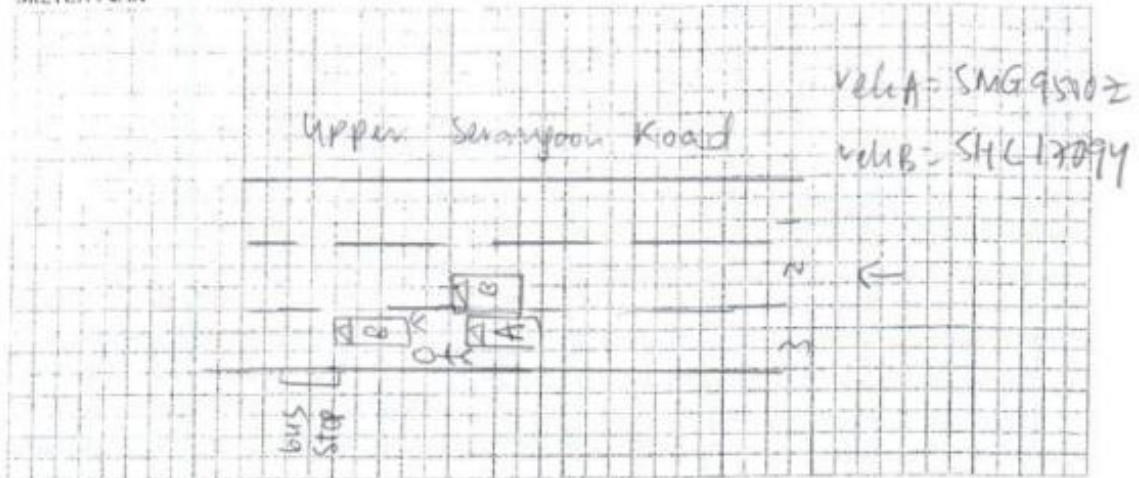
x
Policyholder's Signature
Date & Time:

I
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report: 7/20120120/0017

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:

Signature 21/01/19

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190120/2017

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20190120/2017

CONTINUATION OF REPORT

Vehicle Owner			
Name	POH TENG EN	ID No.	S9535639G
Related Vehicle	SMG9500Z (Car)	Contact No.	92287965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA WEI JUN	ID No.	S9590196D
Related Vehicle	SMG9500Z (Car)	Contact No.	91851948
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/01/2019 at about 0245hrs, my friend "Chua Wei Jun" was driving my vehicle (Grey Lexus bearing license plate SMG9500Z) on Lane 3 along Upper Serangoon Road. When my vehicle was near the bus stop at the overhead bridge along Upper Serangoon road, a taxi (Blue taxi bearing license plate number SHC1709Y) that was driving on Lane 2 suddenly cut into Lane 3 in front of my vehicle as he wanted to go into the bus bay to pick up a passenger that was standing on the road at the bus stop and flagging down the taxi. My friend applied emergency braking and swerved the vehicle into the bus bay in order to avoid hitting the taxi. When my friend swerved the vehicle into the bus bay, he hit onto the pedestrian that was flagging down taxi.

Upon hitting the pedestrian, my friends and I alighted from my vehicle to check on the pedestrian. The pedestrian suffered some abrasions on his hands and leg. One of my friends called for ambulance while we waited at the bus stop. Subsequently, ambulance and Police arrived. When ambulance arrived, paramedics made a check on the pedestrian and conveyed him to hospital. The Traffic Police conducted a breathalyzer test on my friend who was the driver and brought him back to Ubi HQ for further tests. The taxi had also stopped at the bus stop, but the driver refused to provide me with his particulars or contact number.

I wish to state that my vehicle has a front-facing and rear-facing in-vehicle camera that was recording at the time of the accident. My front-facing in-vehicle camera's SD card was given to Traffic Police. My friends and I were not injured. My vehicle's left headlight was cracked. My vehicle's left side mirror and front left bumper were dislodged.

I also wish to state that my friends and my statement were recorded by Traffic Police IO SI Nor Affendy

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190120/2017

3 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190120/2017

CONTINUATION OF REPORT

and the report number is T/20190119/2031.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190120/2017

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No: T/20190120/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2019 03:59	Video Report No.:	Station Diary No.: 35
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Informant's Particulars

Name of Informant: POH TENG EN			Address: 18 PASIR RIS AVENUE SINGAPORE 518685		
ID Type / ID No.: NRIC NO / S9535639G			Contact No.: Home/Office: Mobile: 92287865		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 24/09/1995	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury: Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 19/01/2019 02:45	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD				
At the bus stop near the overhead bridge				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG9500Z	Car	LEXUS		Grey		3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



1/20190120/2017

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No: 1/20190120/2017

CONTINUATION OF REPORT

Vehicle Owner			
Name	POH TENG EN	ID No.	S9535639G
Related Vehicle	SMG9500Z (Car)	Contact No.	92287985
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA WEI JUN	ID No.	S9590196D
Related Vehicle	SMG9500Z (Car)	Contact No.	91851948
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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Police Report



**SINGAPORE
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T/20190120/2017

3 of 4

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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
518457
Tel No: 1800-5852999

Report No. T/20190120/2017

CONTINUATION OF REPORT

and the report number is T/20190119/2031.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190120/2017

8 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852899

Report No: T/20190120/2017

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:

G /
Sgt 2 CHAN XIANG DA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/01/2019 03:59

Officer In Charge Of Case
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No: 65476204
Authentication Stamp
NP168

Classification Of Case:



Identification Card



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 1: Motor cars with category weight up to 3500kg with no T. 26 Sep 2017

Class 2: Motor cycles, mopeds and drivers and other motor vehicles with category weight up to 250kg.



MF-0294

