#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number **EMail Address** 

- 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 witholding 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

Country/State of Loss SINGAPORE    DETAILS OF OWN VEHICLE     SWF4041U     Insured/Policyholder     Name Of Registered Owner		ACCIDENT STATEMENT
Date Of Accident 23/01/2019 12:40  Exact Location Of Accident PIE TWDS TUAS B4 CTE EXIT  Country/State of Loss SINGAPORE    Vehicle Registration Number SMF4041 U		
Exact Location Of Accident PIE TWDS TUAS B4 CTE EXIT Country/State of Loss SINGAPORE    DETAILS OF OWN VEHICLE	·	
Country/State of Loss SINGAPORE    DETAILS OF OWN VEHICLE     SWF4041U     Insured/Policyholder     Name Of Registered Owner	Date Of Accident	23/01/2019 12:40
Vehicle Registration Number SMF4041U  Insured/Policyholder  Name Of Registered Owner E-KARZ RENTAL PTE LTD  Co Reg No - Email Address NOEMAIL  Mobile Phone No  Alternative Phone No OFFICE-68425988  Vehicle Particulars  Manufacturer MITSUBISHI Model I-CAR Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY  Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company  Type Of Coverage THIRD PARTY  Fleet Policy NO  Policy Number A 28927339 MKF  Cover Note Number -  Driver  Name of Driver CHANG MEI SHI NRIC No G2043017L Date Of Birth 24/08/1992  Occupation Date Of Driving Pass 05568/2016	Exact Location Of Accident	PIE TWDS TUAS B4 CTE EXIT
Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner Co Reg No	Country/State of Loss	
Insured/Policyholder  Name Of Registered Owner Co Reg No Email Address NOEMAIL  Mobile Phone No Alternative Phone No  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  THIRD PARTY Fleet Policy NO Policy Number A 28927339 MKF  Cover Note Number  Driver  Name of Driver NRIC No G2043017L Date Of Birth Occupation Date Of Driving Pass  Brivate LTD  FARTY FLEET  LANG MEI SHI  ACR  LANG MEI SHI  COCUPATION  ACR  ACR  LANG MEI SHI  NDOOR Date Of Driving Pass  DISTORATION  DATE OF TORM ACR  ACR  ACR  ACR  ACR  ACR  ACR  ACR		DETAILS OF OWN VEHICLE
Name Of Registered Owner         E-KARZ RENTAL PTE LTD           Co Reg No         -           Email Address         NOEMAIL           Mobile Phone No         OFFICE-68425988           Vehicle Particulars           Manufacturer         MITSUBISHI           Model         I-CAR           Exact Purpose for which vehicle was being used at time of accident         PRIVATE USE           Are you claiming under your own insurance policy repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         MSIG INSURANCE (SINGAPORE) PTE. LTD.           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         A 28927339 MKF           Cover Note Number         -           Driver         Name of Driver           Name of Driver         CHANG MEI SHI           No         2043017L           Date Of Birth         24/08/1992           Occupation         INDOOR           Date Of Dr	Vehicle Registration Number	SMF4041U
Co Reg No Email Address Mobile Phone No Alternative Phone No OFFICE-68425988  Wehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken HIRD PARTY Vehicle Category Name of Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY Fleet Policy No Policy Number Cover Note Number  Cover Note Number  Name of Driver Note Note Number  Cover Note Number  Cover Note Number  Detail Cover Note Number  Cover Note Number  NRIC No Date Of Birth NRIC No Date Of Driving Pass  OS/08/2016	Insured/Policyholder	
Email Address Mobile Phone No Alternative Phone No OFFICE-68425988  Vehicle Particulars  Manufacturer Mitsubishi Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Private Campany Manufacture MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage THIRD PARTY Policy Number Cover Note Number Cover Note Number  Driver Name of Driver NRIC No Date Of Birth OCcupation Date Of Driving Pass OFFICE AR  OFFICE ARA DEFICIAL SEA  MISURANCE (SINGAPORE) PTE. LTD. Type Of Coverage THIRD PARTY  NO CHANG MEI SHI ROBORS  CHANG MEI SHI ROBORS  OCCUPATION  DATE OF DIVING PASS OCCUPATION  CHANG MEI SHI ROBORS  NDOOR  DATE OF Driving Pass OCCUPATION  DATE OF DIVING PASS OFFICE ARA  DATE OFFICE ARA  MISURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage THIRD PARTY  A 28927339 MKF  COVER NOTE NUMBER  CHANG MEI SHI ROBORS  NO DATE OF DIVING PASS OCCUPATION  DATE OF DIVING PASS OCCUPATION  DATE OF DIVING PASS OCCUPATION  DATE OF DIVING PASS ON  DATE OF DIVING PASS OCCUPATION  DATE OF DA	Name Of Registered Owner	E-KARZ RENTAL PTE LTD
Mobile Phone No Alternative Phone No OFFICE-68425988  Vehicle Particulars  Manufacturer Model I-CAR  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage THIRD PARTY Policy Number A 28927339 MKF Cover Note Number Cover Note Number Cover Note Number Cover Note Offiver NRIC No Date Of Birth OCcupation Date Of Driving Pass OFFICE-68425988  MITSUBSHA  MITSUBSHI  INSURANCE PRIVATE USE PRIVATE USE NIND PRIVATE USE PRIVATE USE PRIVATE USE PRIVATE USE NO NO COVERNATION C	Co Reg No	-
Alternative Phone No  Vehicle Particulars  Manufacturer  Minufacturer  M	Email Address	NOEMAIL
Wehicle Particulars  Manufacturer Model I-CAR  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category Insurance Company Name of Insurance Company THIRD PARTY Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driving Pass OSCOURATION NIDOOR Date Of Driving Pass OSCOURATION DATE OF WAS A CONTROL OF THE NIT	Mobile Phone No	
Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company TillRD PARTY Type Of Coverage THIRD PARTY Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number A 28927339 MKF Cover Note Number Driver  Name of Driver NRIC No G2043017L Date Of Birth Occupation Date Of Driving Pass DFIVATE CAR  MITSUBISHI PRIVATE USE NO RO	Alternative Phone No	OFFICE-68425988
Model I-CAR Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  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 THIRD PARTY Fleet Policy NO Policy Number A 28927339 MKF Cover Note Number A 28927339 MKF  Cover Note Number CHANG MEI SHI NRIC No G2043017L Date Of Birth Q408/1992 Doccupation Date Of Driving Pass 05/08/2016	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  THIRD PARTY  NO  A 28927339 MKF  Cover Note Number  Cover Note Number  Name of Driver  Name of Driver  NAME OF Birth  NRIC No  Date Of Birth  Date Of Birth  Date Of Driving Pass  PRIVATE USE  NO  NO  A 2408/1992  NDO  NO  NO  Solow/2016	Manufacturer	MITSUBISHI
Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Wehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  No  THIRD PARTY  PRIVATE CAR  Insurance Company  Name of Insurance Company  THIRD PARTY  Type Of Coverage  THIRD PARTY  No  Policy Number  A 28927339 MKF  Cover Note Number	Model	I-CAR
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage  THIRD PARTY  Fleet Policy  NO  Policy Number  A 28927339 MKF  Cover Note Number  -  Driver  Name of Driver  NAME OF DRIVER  NAME OF DRIVER  NAME OF DRIVER  CHANG MEI SHI  NRIC No  G2043017L  Date Of Birth  Occupation  Date Of Driving Pass  05/08/2016	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Vehicle Category  Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  Type Of Coverage  THIRD PARTY  Fleet Policy  NO  Policy Number  A 28927339 MKF  Cover Note Number	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company Name of Insurance Company THIRD PARTY Fleet Policy NO Policy Number A 28927339 MKF Cover Note Number - Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass  MSIG INSURANCE (SINGAPORE) PTE. LTD. THIRD PARTY  HAID PARTY  FLEET THIRD PARTY  HAID PARTY  FLEET THIRD PARTY  FLEET THIRD PARTY  HAID PARTY  HAID PARTY  FLEET THIRD PARTY  HAID PARTY  FLEET THIRD PARTY  HAID PARTY  FLEET THIRD PARTY  HAID PARTY  HAID PARTY  FLEET THIRD PARTY  HAID PARTY  FLEET THIRD PARTY  HAID PARTY	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number A 28927339 MKF Cover Note Number - Driver  Name of Driver NRIC No G2043017L Date Of Birth Occupation Date Of Driving Pass O5/08/2016	Vehicle Category	PRIVATE CAR
Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number A 28927339 MKF Cover Note Number - Driver  Name of Driver NRIC No G2043017L Date Of Birth Occupation Date Of Driving Pass THIRD PARTY NO	Insurance Company	
Fleet Policy Policy Number A 28927339 MKF Cover Note Number - Driver  Name of Driver CHANG MEI SHI NRIC No G2043017L Date Of Birth Occupation Date Of Driving Pass 05/08/2016	Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Policy Number A 28927339 MKF  Cover Note Number -  Driver  Name of Driver CHANG MEI SHI  NRIC No G2043017L  Date Of Birth 24/08/1992  Occupation INDOOR  Date Of Driving Pass 05/08/2016	Type Of Coverage	THIRD PARTY
Cover Note Number         -           Driver         CHANG MEI SHI           NRIC No         G2043017L           Date Of Birth         24/08/1992           Occupation         INDOOR           Date Of Driving Pass         05/08/2016	Fleet Policy	NO
Driver  Name of Driver  NRIC No  CHANG MEI SHI  G2043017L  Date Of Birth  Cccupation  Date Of Driving Pass  CHANG MEI SHI  DATE OF DRIVER  CHANG MEI SHI  CHANG MEI SHI  DATE OF DRIVER  CHANG MEI SHI  CHANG MEI SHI	Policy Number	A 28927339 MKF
Name of Driver  CHANG MEI SHI  RRIC No  G2043017L  24/08/1992  Occupation  INDOOR  Date Of Driving Pass  CHANG MEI SHI  G2043017L  24/08/1992	Cover Note Number	-
NRIC No         G2043017L           Date Of Birth         24/08/1992           Occupation         INDOOR           Date Of Driving Pass         05/08/2016	Driver	
Date Of Birth 24/08/1992 Occupation INDOOR Date Of Driving Pass 05/08/2016	Name of Driver	CHANG MEI SHI
Occupation INDOOR Date Of Driving Pass 05/08/2016	NRIC No	G2043017L
Date Of Driving Pass 05/08/2016	Date Of Birth	24/08/1992
Date Of Driving Pass 05/08/2016	Occupation	INDOOR
	Date Of Driving Pass	05/08/2016
	Driving Experience	2 YEARS AND 5 MONTHS

**FEMALE** 

**NOEMAIL** 

(LOCAL) +65-81812502

BLK 193A UPPER PAYA LEBAR RD Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **CHAIN COLLISION** 

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

4

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 1

YES

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 1800-7449999 - FAX NO: 65476366 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJW7275M

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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 SJD3919R

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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SHB2959R

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 INJURED PERSON 1**

Name CHANG MEI SHI

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SMF4041U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Postcode

Address

NO

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### **Accident Sketch Plan**

A= SMF 4041 ()  B = SJW 7275 M  C = SJD 3919 R  O = SHB 2959 R  PIE 1wd S TWS B4 GT6 Exit.  SCRIBE CIRCUMSTANCES OF THE ACCIDENT  CLARATION  The declare the foregoing particulars are true in every respect.  Cycloider's Signature  B Time:  Driver's Signature  Cycloider's Signature  B Time:  Driver's Signature  Cycloider's Signature  Reporting Centre Personne's:  Name:	
CLARATION  The declare the foregoing particulars are true in every respect.  Cycloider's Signature (It afriver is not the policyholder)  Reporting Centre Personnel's:  Reporting Centre Personnel's:  Name:	
CLARATION  e declare the foregoing particulars are true in every respect.  Cycloider's Signature  e & Time:    It street is not the policyholder	
CLARATION  ed declare the Toregoing particulars are true in every respect.  Childer's signature  1. Childer's signature 1. Ethics to the policyholder   1. Childer's signature 1. Ethics to the policyholder   1. Strime:   1. Str	
Please Refer to Police Report  CLARATION  declare the Torogoing particulars are true in every respect.  Driver's Signature (It driver is not the policyholder)  Reporting Centre Personnel's: Name:	
Please Refer to Police Report  CLARATION e declare the foregoing particulars are true in every respect.  Cycholder's Signature (It affiver is not the policyholder)  Reporting Centre Personnel's: Name:	++++
PIE 1-05 TURS E4 CTE EVIT.  SCRIBE CIRCUMSTANCES OF THE ACCIDENT  Please Refer to Police Report  CLARATION e declare the foregoing particulars are true in every respect.  Cycholder's Signature 18 Time:  Driver's Signatu	
Please Refer to Police Report  LARATION e declare the foregoing particulars are true in every respect.  Driver's Signature 18 Time: [It striver is not the policyholder]  Name:  Name:	
CLARATION e declare the foregoing particulars are true in every respect.  Pyholder's Signature S	
CLARATION e declare the foregoing particulars are true in every respect.  Pyholder's Signature (If priver's Signature (If priver is not the policyholder)  Reporting Centre Personnel's Name:	
CLARATION e declare the foregoing particulars are true in every respect.  Pyholder's Signature S	
CLARATION e declare the foregoing particulars are true in every respect.  Pyholder's Signature S	
CLARATION e declare the foregoing particulars are true in every respect.  Pyholder's Signature (If priver's Signature (If priver is not the policyholder)  Reporting Centre Personnel's Name:	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:  Driver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:  Driver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:    Driver's Signature   Reporting Centre Personnel's Signature   Name:	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:    Driver's Signature   Reporting Centre Personnel's Signature   Name:	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)	
e declare the foregoing particulars are true in every respect.  Syholder's Signature   Driver's Signature   Reporting Centre Personnel's Signature   Name:	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's Signature  (If driver is not the policyholder)	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:    Driver's Signature   Reporting Centre Personnel's Signature   Name:	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:  Driver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:  Driver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:    Driver's Signature   Reporting Centre Personnel's Signature   Name:	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:    Driver's Signature   Reporting Centre Personnel's Signature   Name:	
e declare the foregoing particulars are true in every respect.  Cyholder's Signature  & Time:    Driver's Signature   Reporting Centre Personnel's Signature   Name:	
cyholder's Signature  & Time:  Driver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's	
cyholder's Signature  a Time:  Driver's Signature  (If driver is not the policyholder)  Reporting Centre Personnel's	
cyholder's Signature  Berorting Centre Personnel's Signature  Reporting Centre Personnel's Signature  Reporting Centre Personnel's Signature  Reporting Centre Personnel's Signature  Reporting Centre Personnel's Signature	
e & Time: (If driver is not the policyholder) Name:	
e & Time: (If driver is not the policyholder) Name:	
e & Time: (If driver is not the policyholder) Name:	
	Signature
Date & Time: NRIC/FIN No.:	





1 of 4

Report No. T/20190123/2092

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2019 15:44		Made:	Vide Report No.:	Station Diary No.: 31	
Informan	t's Partic	ulars		10000000000000000000000000000000000000	
Name of CHANG	Informant: MEI SHI		Address:		
ID Type / ID No.: FIN NO / G2043017L Nationality: MALAYSIAN		7L	Contact No.: Home/Office: Mobile: 81812502		
			Email:		
Sex: Female	Age: 26	Date of Birth: 24/08/1992	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Office clerk (general)		ıl)	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2019 12:40	Type of Location EXPRESSWAY
ALONG PAN	EXPRESSWAY	SWAY (PIE) HEADING T ) EXIT   Road Surface:	OWARDS TUAS DIREC	TION, BEFORE
* * Countries.		Dry		
Clear		Diy		
Clear Traffic Flow: One Way		Traffic Control: Not Controlled	1.0	raffic Volume:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SHB2959R	TAXI	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0	
SJD3919R	Car	ТОУОТА	CAMRY 2.4 AUTO ABS AIRBAG	Beige	Slightly Damaged	2	





2 (

Report No. T/20190123/2092

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

#### CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJW7275M	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	2
SMF4041U	Car	MITSUBISHI	I-CAR 4A/T MIVEC I- STYLE	White	Slightly Damaged	0

<b>Details of Perso</b>	n Involved			SCHOOL SECTION	1000	A STATE OF THE PARTY OF
Any Pedestrian In	nvolved: No		- At			
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing; NA
Driver	SHU PERMIT	Hall a diel	Terror		128 500	THE RESERVE OF THE PERSON NAMED IN
Name	CHANG MEI SHI			ID No		G2043017L
Related Vehicle	SMF4041U (Car)			Conta	ict No.	81812502
Hospital/Clinic	HO TONG CLINIC		Class Drivin Licena Expire	g	Class: NIL Date of Expiry: NIL	
Date Treatment	23/01/2019		Date Disc	harge	23/01	/2019
No. of Days gran	ted Medical Leave	03	Degree o		Slight	t

#### Brief Details.

On the 23rd of January 2019 at about 1240hrs, I was driving my vehicle bearing registration plate number SMF4041U along Pan-Island Expressway (PIE) heading towards Tuas direction. Slightly after I had passed Kallang Bahru exit, during the time, the traffic was quite heavy. I had slowed my vehicle down and stopped awhile along Pan-Island Expressway (PIE), on the direction towards Central Expressway (CTE). All of a sudden, I felt an impact coming from the rear of my vehicle. The impact caused my vehicle to surge forward and had caused a chain collision. I got out of my vehicle and discovered that a vehicle bearing registration plate number SJW7275M had collided onto my vehicle and caused it to surge forward to hit the front vehicle (SJD3919R) and it caused the vehicle to hit onto another vehicle (SHB2959R) which was infront of it.

I then exchanged particulars with all the drivers of the vehicles. The particulars as follows:

- 1) SHB2959R Yeo Shao Zhong, NRIC: S7814972H, contact: 98420971
- 2) SJD3919R Yee Ai Ling, NRIC: S9223665Z, contact: 97821406
- 3) SJW7275M Lam You Cong, NRIC: S9045136G, contact: 81276193

The damages of the vehicles involved are as follows:

- 1) SHB2959R dents on the rear portion
- 2) SJD3919R dents on the front and rear portions (badly)
- 3) SMF4041U dents on the front and rear portions (badly)
- 4) SJW7275M dents on the front portions (badly)

# POLICE REPORT





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 3 of 4 Report No. T/20190123/2092

Tel No: 1800-7449999

CONTINUATION OF REPORT

After the accident, I felt some pain on my neck area and whole back area. I then proceeded to a clinic located at Block 35 Circuit Road #01-448 (Ho Tong Clinic) and sought treatment. I was granted 3 days of MC from 23rd of January 2019 till 25th of January 2019. I wish to state that I was uncertain whether there is any camera installed in any of the vehicles involved. I also wish to state that there is no in-car camera installed in my vehicle.





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

Report No. T/20190123/2092

4 of 4

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:	Signature Of Informant:
Sgt 3 MUHAMMAD ARIF BIN HAIRUDIN	Sin
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2019 15:44
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	
Authentication Stamp	1.

































































