

## 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	23/01/2019 16:16
Date Of Accident	23/01/2019 12:40
Exact Location Of Accident	PIE TWDS TUAS B4 CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4041U
<b>Insured/Policyholder</b>	
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	PRIVATE USE
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	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	INDOOR
Date Of Driving Pass	05/08/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81812502
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 193A UPPER PAYA LEBAR RD
Postcode	534872
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
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
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	SJW7275M
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 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? NO  
Address  
Postcode

### SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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)**

(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.



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

## Accident Sketch Plan

### SKETCH PLAN

A = SMF 4041 U  
B = SJW 7275 M.  
C = SJD 3919 R.  
D = SHB 2959 R.

PIE TUNNEL TUNNEL B4 GTE EXIT.

### 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/20190123/2092

1 of 4

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

Report No. T/20190123/2092

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2019 15:44	Vide Report No.:	Station Diary No.: 31
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## Informant's Particulars

Name of Informant: CHANG MEI SHI			Address:	
ID Type / ID No.: FIN NO / G2043017L			Contact No.: Home/Office:	Mobile: 81812502
Nationality: MALAYSIAN			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)			Driving Licence Information: Class:	

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2019 12:40	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
ALONG PAN-ISLAND EXPRESSWAY (PIE) HEADING TOWARDS TUAS DIRECTION, BEFORE CENTRAL EXPRESSWAY (CTE) EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION BETWEEN 4 VEHICLES			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

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

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370054  
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2 of 4

Report No. T/20190123/2092

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHANG MEI SHI		ID No. G2043017L
Related Vehicle	SMF4041U (Car)		Contact No. 81812502
Hospital/Clinic	HO TONG CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2019		Date Discharge 23/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### 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 in front 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)

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T/20190123/2092

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3 of 4

Report No. T/20190123/2092

### 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 REPORT



**SINGAPORE  
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T/20190123/2092

4 of 4

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370054  
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Report No. T/20190123/2092

**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 3 MUHAMMAD ARIF BIN HAIRUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/01/2019 15:44

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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**Accident Photo**



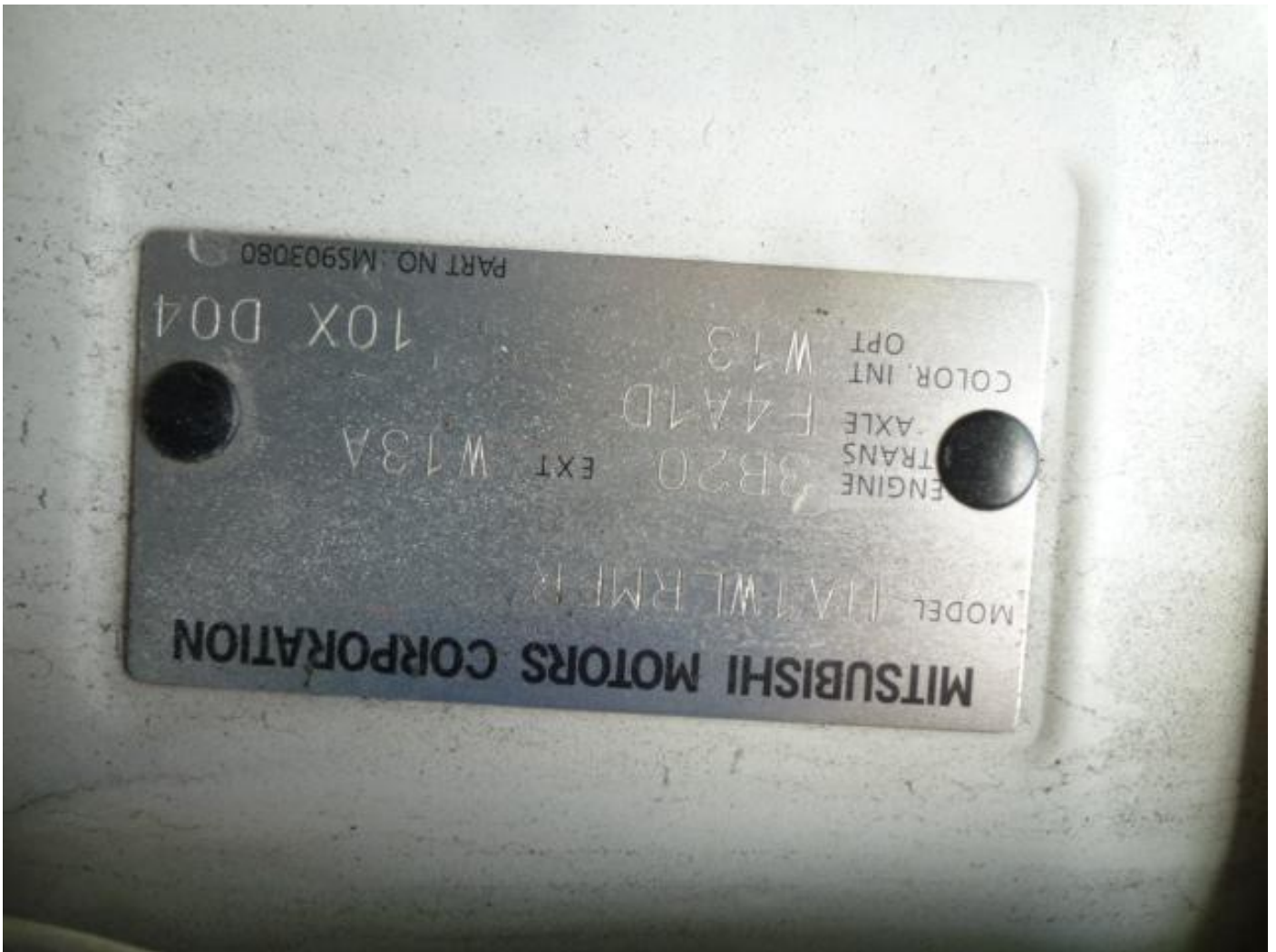
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