

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	29/01/2019 14:47
Date Of Accident	28/01/2019 19:00
Exact Location Of Accident	DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8103G
Insured/Policyholder	
Name Of Registered Owner	KHOO MEI HUA
NRIC No	S7120281Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93697030
Alternative Phone No	OTHERS-93697030

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
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?	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	8VPCB1793520
Cover Note Number	22/04/2018 TO 21/04/2019

Driver

Name of Driver	KHOO MEI HUA
NRIC No	S7120281Z
Date Of Birth	14/06/1971
Occupation	INDOOR
Date Of Driving Pass	14/10/1996
Driving Experience	22 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93697030
Fax Number	
Contact Number	OTHERS-93697030
EEmail Address	NOEMAIL

Address	APT BLK 109 BUKIT PURMEI RD #03-149 (S) 090109
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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 [OTHER]	PAYA LEBAR NPP - 114 HOUGANG AVE 1 #01-1270 (S) 530114
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER WITH ATTACH POLICE REPORT T/20190129/2072

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	SHC8935P
Vehicle Make/Model/Colour	HYUNDAI 140
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SUA WEE CHONG
NRIC/Passport Number	S7530278I
Contact Number	91932880
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KHOO MEI HUA / S7120281Z
Approximate Age	
Injuries Sustain	ALEXANDRA HOSPITAL - 3 DAYS MC
Injured person in which vehicle?	SLB8103G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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:

29/1/19 1:49PM



Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/1/19 1:49PM



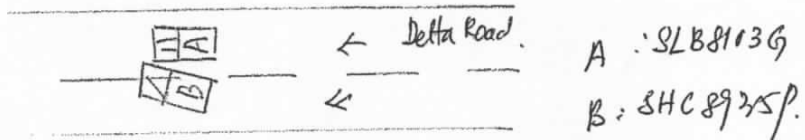
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



Esso
Petrol
Station

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Insurance Co. First Insurance

Vehicle No. SLB8113G Date of Accident 28/01/19

☐ Reporting Only

☐ Own Damage Claim

☒ Third Party Claim

☐ Other Workshop

Tan Han Lata

DECLARATION

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

Policyholder's Signature

Date & Time: 29/1/19 1:49PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/1/19 1:49PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20190129/2072

1 of 3

Report No. T/20190129/2072

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2019 13:33	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars			
Name of Informant: KHOO MEI HUA		Address: APT BLK 109 BUKIT PURMEI ROAD #03-149 SINGAPORE 090109	
ID Type / ID No.: NRIC NO / S7120281Z		Contact No.: Home/Office: Mobile: 93697030	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 47	Date of Birth: 14/06/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 DELTA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: . No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8935P	Taxi	HYUNDAI	I40	Blue		0
SLB8103G	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLB8103G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	8VPCB1793520	22/04/2018	21/04/2019



**SINGAPORE
POLICE FORCE**



T/20190129/2072

2 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20190129/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUA WEE CHONG	ID No.	S7530278I
Related Vehicle	SHC8935P (Taxi)	Contact No.	91932880
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	KHOO MEI HUA	ID No.	S7120281Z
Related Vehicle	SLB8103G (Car)	Contact No.	93697030
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	28/01/2019	Date Discharge	28/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 28 Jan 2019 at about 1900 hrs, I was travelling along Delta Road. Suddenly I felt an impact on my car's front left portion and realised one Comfort taxi SHC8935P had cut into my lane from my left and hit onto my car's front left portion.

After the impact, my car sustained front left portion damaged and the front left tyre also wobble due to the impact. I felt pain and scratches on my right wrist and was given 3 days MC from Alexandra Hospital.



**SINGAPORE
POLICE FORCE**



T/20190129/2072

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20190129/2072

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 YAP WEI YANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2019 13:33
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

Authentication Stamp
NP168



Signature:

SN 035

Singapore Police Force