### 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 <u>truthful and accurate</u> 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 aforesaid

sent to the archiving of this report at the centre and to copies of the report being made available
ACCIDENT STATEMENT
15/02/2019 14:07
10/11/2018 13:00
ALONG CTE OUTSIDE SAINT ANDREW'S JUNIOR COLLEGE
SINGAPORE
DETAILS OF OWN VEHICLE
SKN8868G
TEW SIEW LIAN
S6846531A
GONNY1997@GMAIL.COM
(LOCAL) +65-90090540
OTHERS-81887739
MERCEDES-BENZ
B180
PRIVATE USE
YES
PRIVATE CAR
MSIG INSURANCE (SINGAPORE) PTE. LTD.
COMPREHENSIVE
NO
A 27731965 QMY
YEUNG ZHI HAO, JONATHAN
S9703039A
27/01/1997
INDOOR
09/11/2015
3 YEARS AND 0 MONTHS

MALE

(LOCAL) +65-81887739

GONNY1997@GMAIL.COM

OTHERS-90090540

**BLK 468D ADMIRALTY DRIVE** Address

#10-223

Postcode 754468

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

NO

1

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20181110/2091

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 **SLL9124L** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

### SKETCH PLAN

# IMPORTANT NOTICE

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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
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

runderstand, 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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 ciaims. (collectively the
- (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
- 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.
- my Personal information will also be collected and used to compile claims history for the purpose of fraud detection,
- (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: 15/2/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/2/2018

DIARMC StytchPlanform\_v3

### **Accident Sketch Plan**

CH PLAN	CIE	cu7810/2	SOIM	AMORENO'S	hereok	Courly
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		N.				B) SUL 9124L
						C) wknows
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DECLARAT	ION e the fores	oing particulars a	e true in eve	ery respect.		1 . 1
/ We decision	Mary	1	14	9		15/02/2019
	11/1		- 1	-		sporting Centre Personnel's Signature

### **POLICE REPORT**





Date of Expiry:

T/20181110/2091

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE

1 of 3 Report No. T/20181110/2091

Tel No: 1800-5549999

SAF NSF

REPORT	OF A TRAFFI	C ACCIDENT				
Date/Time Report Made: 10/11/2018 16:11			Vide Report No.:	Station Diary No.:		
Informa	ant's Partic	ulars	BUSH FIRM SAFE	\$400AB\$ PABE 1700 1700 1700 1700		
Name of Informant: YEUNG ZHI HAO, JONATHAN		Address: APT BLK 468D ADMIRALTY DRIVE #10-223 SINGAPORE 754468				
ID Type / ID No.: NRIC NO / S9703039A			Contact No.: Home/Office: Mobile: 87493079			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 21	Date of Birth: 27/01/1997	Type of Informant:			
Race: Chinese		Language:	Institution / School Name:			
Occupat	tion:	Occupation:		Driving Licence Information:		

Type of Accident:	Non-Injury Government Vehic	Drink Drive: No	Date/Time of Accident: 10/11/2018 13:00		Type of Location expressway	
Location: Along Road 1 CENTRAL EX	PRESSWAY	's Junior College				
Weather: Road		Road Surface: Dry		Road 90 Km	Speed Limit:	
Traffic Flow:		Traffic Control:	ffic Control: Controlled		Traffic Volume: Heavy	
One Way Type of Collis		Not Controlled		neavy		

Class: 3

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKN8868G	Car				Slightly Damaged	0
SLL9124L	Car				Slightly Damaged	3

Details of Person Involved	CONTRACTOR OF THE PROPERTY OF
Any Pedestrian Involved: No	THE RESERVE OF THE PROPERTY OF THE PARTY OF
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

#### POLICE REPORT





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

2 of 3 Report No. T/20181110/2091

Tel No: 1800-5549999

CONTINUATION OF REPORT

Name	YEUNG ZHI HAO, JONATHAI	ID No.	S9703039A	
Related Vehicle	SKNIBBERG (C-1)		WHO SEE	-01000007
TOTAL VOLIGIE	SKN8868G (Car)		Contact No.	87493079
Hospital/Clinic	NIL			
VIVIII SELLING	y.		Class of Driving Licence &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Expiry Date	
No. of Days grant	ed Medical Leave NIL	Date Disch Degree of	large NIL	

#### Brief Details.

On 10/11/2018, at about 1300hrs, I was driving my car (SKN8868G) along the CTE and passing by Saint Andrew's Junior College. I was on the right hand lane, and I noticed an ambulance behind me, and thus I moved my car one lane to the left to let it pass. at the same time, I stepped on the brakes to allow for the cars in front of me to move out of the ambulance's way as well. once one of the cars (SLL9124L) moved in front of me to my lane, I continued moving forward, but they suddenly stopped their vehicle and I collided into their rear bumper. The driver of the car identified himself as a CNB officer on duty and took

No one was injured. My car (SKN8868G) sustained one small scratch to the front bumper and the CNB car (SLL9124L) sustained a few scratches in between the rear bumper and license plate and a dent to its





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 3 of 3 Report No. T/20181110/2091

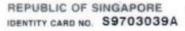
CONTINUATION OF REPORT

# 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 / KLIFTON NG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2018 16:11
Officer In Charge Of Case: TP / GIA / Staff Sgr WONG SIEU LUI	Classification Of Case:
Contact No.: \$5476151 SN 085	
Signature.	





YEUNG ZHI HAO, JONATHAN

Race CHINESE Date of Sixth 27-01-1997



5674592



∞≈ 89703039A



23-11-2016

APT BLK 468D ADMIRALTY DRIVE #10-223 SINGAPORE 754468

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

NP 428A



