

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	02/03/2019 11:59
Date Of Accident	01/03/2019 16:30
Exact Location Of Accident	AT MARITIME SQUARE PICK UP/DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM2558D
Insured/Policyholder	
Name Of Registered Owner	TAN POH HENG WILLIAM
NRIC No	S8240635B
Email Address	BAOXING@LIVE.COM
Mobile Phone No	(LOCAL) +65-86887745
Alternative Phone No	OFFICE-86887745

Vehicle Particulars

Manufacturer	LEXUS
Model	GS350-3.5 LUXURY (L10) (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	A 80459244 QMX
Cover Note Number	

Driver

Name of Driver	TAN POH HENG WILLIAM
NRIC No	S8240635B
Date Of Birth	28/11/1982
Occupation	INDOOR
Date Of Driving Pass	11/01/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86887745
Fax Number	
Contact Number	OFFICE-86887745
EMail Address	BAOXING@LIVE.COM

Address	BLOCK 352 KANG CHING ROAD #08-73
Postcode	610352
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : CHU THI THI HANG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JURONG NPP - PLEASE REFER TO THE ATTACHED POLICE REPORT FOR THE ACCIDENT DETAILS.
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to the attached Police Report and the Sketch Plan for the accident details.

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	SH8317S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FOO HEW CHEW
NRIC/Passport Number	S6813114F
Contact Number	96928116
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name TAN POH HENG WILLIAM
Approximate Age 36
Injuries Sustain
Injured person in which vehicle? SDM2558D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLOCK 352 KANG CHING ROAD #08-73
Postcode 610352

DETAILS OF INJURED PERSON 2

Name CHU THI THI HANG
Approximate Age 36
Injuries Sustain
Injured person in which vehicle? SDM2558D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLOCK 352 KANG CHING ROAD #08-73
Postcode 610352

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 02/02/2019

11.40 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190301/2165

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No. T/20190301/2165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2019 19:39	Video Report No.:	Station Diary No.: 50
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Informant's Particulars			
Name of Informant: TAN POH HENG, WILLIAM		Address: APT BLK 352 KANG CHING ROAD #08-73 SINGAPORE 610352	
ID Type / ID No.: NRIC NO / S8240635B		Contact No.: Home/Office: Mobile: 86887745	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 28/11/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 MARITIME SQUARE				
Pick up/Drop Off Point				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM2558D		LEXUS		White	Slightly Damaged	1
SH8317S		HYUNDAI		Blue	Slightly Damaged	1

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



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Report No. T/20190301/2165

CONTINUATION OF REPORT

Passenger			
Name	CHU THI THU HANG	ID No.	S8267958H
Related Vehicle	SDM2558D	Contact No.	NIL
Hospital/Clinic	LIGHTHOUSE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/03/2019	Date Discharge	01/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN POH HENG, WILLIAM	ID No.	S8240635B
Related Vehicle	SDM2558D	Contact No.	86887745
Hospital/Clinic	LIGHTHOUSE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/03/2019	Date Discharge	01/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	FOO HEE CHEW	ID No.	S6813114F
Related Vehicle	SH8317S	Contact No.	96928116
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 01/03/2019 at about 1630hrs, I drove my car SDM2558D with my wife namely Chu Thi Thu Hang S8267958H as my passenger and came to a stop at Harbour Front Centre's Pick up/Drop off point to meet a friend there. I pulled my handbrake and my car was stationery. One minute later, suddenly I felt an impact from the back and it caused my vehicle to move forward. I quickly checked on my wife and went out of my vehicle. I discovered a blue comfort taxi SH8317S has knocked onto the rear of my vehicle. We exchanged particulars and the taxi driver left the area. My wife is pregnant thus I brought her to Lighthouse Clinic and Surgery Pte Ltd to see the doctor. I felt pain on the back of my neck thus I also consulted the doctor at the same clinic. My wife and I were given 3 days MC by the doctor. There are CCTVs at the pick up/drop off point at Harbour Front Centre.



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T/20190301/2165

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Report No. T/20190301/2165

CONTINUATION OF REPORT



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T/20190301/2165

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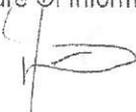
Report No. T/20190301/2165

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: J/ Sgt 3 KUMARAVAL KIONG ANANTHAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2019 19:39
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp  NP168 Singapore Police Force	