

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	08/04/2019 08:45
Date Of Accident	06/04/2019 15:20
Exact Location Of Accident	COMMONWEALTH AVE TO ALEXANDRA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6952U
Insured/Policyholder	
Name Of Registered Owner	EXCEL MARINE & ENGINEERING PTE LTD
Co Reg No	0
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82809988
Alternative Phone No	OFFICE-82809988

Vehicle Particulars

Manufacturer	HONDA
Model	HRV
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	YES
Policy Number	A29077922 MCY
Cover Note Number	

Driver

Name of Driver	LEE MEI LING
NRIC No	S7983787C
Date Of Birth	22/04/1979
Occupation	INDOOR
Date Of Driving Pass	07/02/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82809988
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 35 JLN RUMAH TINGGI #05-491
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SISTER COMPANY
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?	NO
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)	3
Passenger 1	NAME: : --- GENDER: : FEMALE
Passenger 2	NAME: : --- 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]	CCK NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FORM THE DRIVER. POLICE REPORT NO. J/20190407/2023

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL PASSED TO W/SHOP FOR TP CLAIM
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA2888U
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)

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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/4/19

WAC BUKIT BATOK (VAC)
Reporting Centre Personnel's Signature,
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



J/20190407/2023

1 of 2

POLICE REPORT (NP299)

Report No. J/20190407/2023

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Date/Time Report Made 07/04/2019 11:31	Vide Report No.	Station Diary No. 35
Name Of Informant LEE MEI LING	Address APT BLK 35 JALAN RUMAH TINGGI #05-491 SINGAPORE 150035	
ID Type / ID No. NRIC NO / S7983787C	Contact No. Home/Office	Mobile 82809988
Nationality MALAYSIAN	Email Address	
Occupation PRODUCTION ASSISTANT	Sex Female	Age 39
Institution/School Name	Date of Birth 22/04/1979	Race Chinese
Date/Time Of Incident 06/04/2019 15:20	Location Of Incident QUEENSWAY SINGAPORE Sliproad of Commonwealth Ave towards Alexandra	

Brief details.

On 06/04/2019 at about 3:21 PM, I was driving my vehicle bearing plate number SLX6952U along Queensway and commonwealth avenue, towards Alexandra. As my car was stationary at Queensway sliproad, towards Alexandra road, waiting for the traffic at the main road to clear up, suddenly I felt an impact at the rear of my vehicle. I then alighted my vehicle and discovered that vehicle bearing plate number SLA 2888U had collided to the rear of my vehicle. Due to the collision, the boot of my car is dented. Police and ambulance attended to the accident. The particulars of the driver of vehicle

Signature Of Officer Recording The Report:

J / Sgt 2 ASRAF ZULKARNAIN BIN 'AZIMI

Signature Of Interpreter
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sr Staff Sgt SITI FATIMAH BINTE ZULKIFLI
Contact No.: 67910000

Signature Of Informant:

Date/Time:
07/04/2019 11:31

Classification Of Case:



Authentication Stamp

Signature

Singapore Police Force



**SINGAPORE
POLICE FORCE**



J/20190407/2023

POLICE REPORT (NP299)

CONTINUATION OF REPORT

2 of 2

Report No. J/20190407/2023

SLA2888U is as follows:

Ong Hoe Boon
S7029347A
1F Shelford Road #05-43 S(286891)
9817 4962

I am lodging this report for record purpose and insurance claiming purposes.

Signature Of Officer Recording The Report:

J / Sgt 2 ASRAF ZULKARNAIN BIN 'AZIMI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sr Staff Sgt SITI FATIMAH BINTE ZULKIFLI
Contact No.: 67910000



Authentication Stamp

Signature

Singapore Police Force

Signature Of Informant:

Date/Time:
07/04/2019 11:31

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

