

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	22/04/2019 10:49
Date Of Accident	20/04/2019 16:15
Exact Location Of Accident	ALONG RD1 JURONG TOWN HALL RDAYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ5478L
Insured/Policyholder	
Name Of Registered Owner	LAU SHIE LIN
NRIC No	S8829080A
Email Address	RICSOAKOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82826010
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 (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	AS0435290QMX
Cover Note Number	
Driver	
Name of Driver	KOO YU HUI RICSON
NRIC No	S9407397I
Date Of Birth	22/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-82826010
Fax Number	
Contact Number	
EMail Address	RICSOAKOO@GMAIL.COM

Address	BLK 234, CHOA CHU KANG CENTRAL #06-01
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : SAMANTHA CHER GENDER: : FEMALE
Passenger 2	NAME: : SARAH WANG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	GBE5328Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 SAMANTHA CHER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGJ5478L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SARAH WANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGJ5478L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan

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.

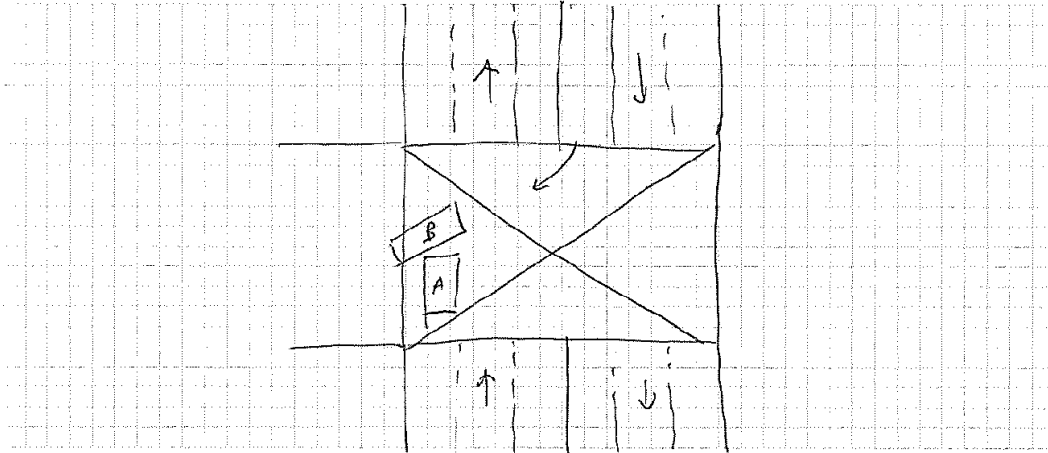
Policyholder's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Blk B Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Reporting (Claims Section) Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policyholder's Signature

Date & Time:

GanttProject SketchUpForm v3

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190421/2044

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20190421/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2019 16:04			Vide Report No.:		Station Diary No.: 67
Informant's Particulars					
Name of Informant: KOO YU HUI RICSON			Address: APT BLK 234 CHOA CHU KANG CENTRAL #06-01 SINGAPORE 680234		
ID Type / ID No.: NRIC NO / S9407397I			Contact No.: Home/Office: Mobile: 82826010		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 22/02/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCIAL PLANNER			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: 20/04/2019 16:15	Type of Location: T-Junction	
Location: Along Road 1 JURONG TOWN HALL ROAD AYER RAJAH EXPRESSWAY JURONG TOWN HALL ROAD TOWARDS AYE, OUTSIDE JTC BUILDING					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBE5328Y	Van	TOYOTA	HIACE	White	Slightly Damaged	0
SGJ5478L	Car	TOYOTA	VIOS	Black	Slightly Damaged	2

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



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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 4

Report No. T/20190421/2044

CONTINUATION OF REPORT

Driver			
Name	CHANDRAN KARUPPIAH	ID No.	G7902143T
Related Vehicle	GBE5328Y (Van)	Contact No.	84202025
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
Passenger			
Name	SAMANTHA CHER	ID No.	NIL
Related Vehicle	SGJ5478L (Car)	Contact No.	98391900
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/04/2019	Date Discharge	20/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KOO YU HUI RICSON	ID No.	S9407397I
Related Vehicle	SGJ5478L (Car)	Contact No.	82826010
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	SARAH WANG	ID No.	NIL
Related Vehicle	SGJ5478L (Car)	Contact No.	96490338
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/04/2019	Date Discharge	20/04/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight



**SINGAPORE
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T/20190421/2044

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3 of 4

Report No. T/20190421/2044

CONTINUATION OF REPORT

Brief Details.

On 20/04/2019 at about 1615hrs, I was travelling along Jurong Town Hall Road towards AYE, outside JTC building on my vehicle - SGJ5478L, Black Toyota Vios. As I was approaching the traffic light T junction, I realized the traffic light to be Green, as such I continue proceeding forward.

While in the middle of the yellow box located in between the junction, I noticed the traffic light to have turned amber. As I had the right of way, I did not pay much attention and continued driving. Suddenly, I saw a Van - GBE5328Y, White Toyota HIACE, turning right to my direction and started to speed up. I could not stop my vehicle in time and the passenger side of the said van then collided onto my front bumper.

This resulted in my passenger side front head light being crushed and suffered multiple dents. The passenger side of the said van also dented in.

I have 2 passengers onboard my vehicle. One suffered a bruised tongue and was issued 2 days MC while the other suffered neck muscle strain and was issued 3 days MC. There was no in car camcorder installed in my vehicle. I wish to state that the vehicle does not belong to me and was lend to me by my friend.



**SINGAPORE
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T/20190421/2044

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4 of 4




Report No. T/20190421/2044

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/ ONG YI PENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2019 16:04
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case: SN 117 
Authentication Stamp NP168 