

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	31/05/2019 16:47
Date Of Accident	30/05/2019 19:30
Exact Location Of Accident	CTE TOWARDS SLE (BRADDELL FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK6776A
Insured/Policyholder	
Name Of Registered Owner	CHOO XIU HUI (ZHU XIU HUI)
NRIC No	S8312087H
Email Address	MOHTZEYANG@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-96976776
Alternative Phone No	OFFICE-96976776

Vehicle Particulars

Manufacturer	FORD
Model	MUSTANG 2.5T (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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 28824089 QMY
Cover Note Number	

Driver

Name of Driver	MOH TZE YANG (MO ZIYANG)
NRIC No	S7923304H
Date Of Birth	14/08/1979
Occupation	INDOOR
Date Of Driving Pass	01/07/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96976776
Fax Number	
Contact Number	OFFICE-96976776
E-Mail Address	MOHTZEYANG@HOTMAIL.SG

Address	30 SIMON PLACE SINGAPORE
Postcode	545972
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SKE6979E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU YANWEI
NRIC/Passport Number	S2732343Z
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.

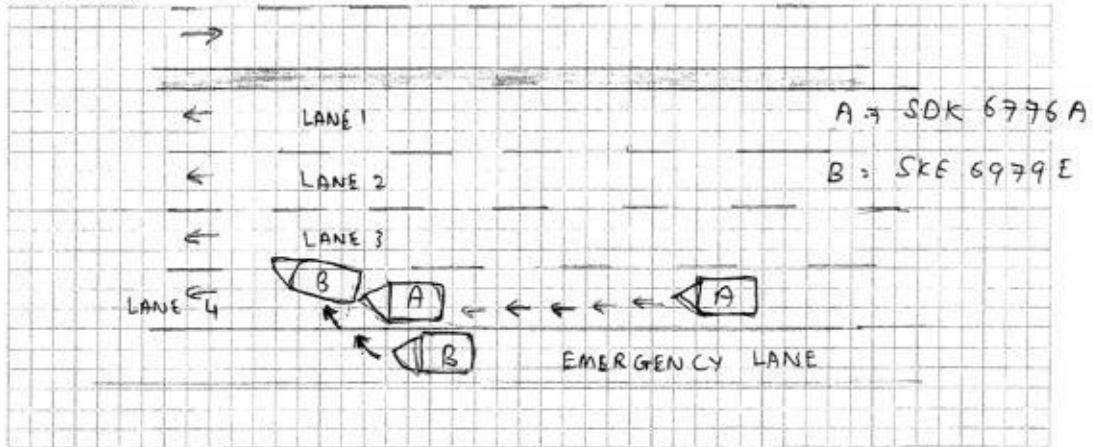
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31 MAY 2019
1 PM

Reporting Centre/Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along lane 4 of CTE towards SLE, before WANK Avenue 1 ext. Car SKE 6979E was on road shoulder on left of lane 4. Car SKE 6979E rejoined lane 4 and brake in front of my car. I hit SKE 6979E from behind after the car rejoined lane 4 of CTE from road shoulder. No injuries between both parties.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31 MAY 2019
1 PM

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GAHMK SketchPlanForm V1

CONFIDENTIAL

Annex D

NOTICE OF COMPLIANCE

This is to confirm that Moh Tze Yang, Hp: 96976776 NRIC/FIN : S7923304H
of 30 Simon Place, S'pore 545972 has reported to Police an Non injury traffic
accident which occurred at Along CTE towards SLE before Ang Mo Kio Avenue 1
exit on 30/05/2019 at 1935hrs involving the following vehicles:

My vehicle: SDK6776A
Other party vehicle: SKE6979E

2 He/She has therefore complied with Sec84(2) of the Road Traffic Act, Cap 276.

Date: 30/05/2019 Name of Issuing Officer: SGT2 Ramesh

S/D Ref: - Police Post/Unit: Ang Mo Kio South NPC

Ang Mo Kio South NPC
81 Ang Mo Kio Ave 3
S'pore 569929
Tel: 1800 - 451 9999



Original - to be issued to informant.
Duplicate - to be retained at police post or unit.

CONFIDENTIAL

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSI 119 071 220 Vehicle Registration No: SDK 6776 A
Name(as shown in NRIC) : MOH TZE YANG (MO ZIYANG) NRIC/FIN/Passport No : S 7923304 H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 30 SIMON PLACE Singapore (S45972)
Contact (Tel) : 9697 6776 Mobile No. : 9697 6776
Email Address : mohzetyang@hotmail.sg
Date of Accident : 30 / 05 / 2019 Time of Accident : 19 : 30
Place of Accident : CTE TOWARDS SLE (BRADDELL FLYOVER)
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- TO AMEND VEHICLE NO. TO "SDK 6776 A" INSTEAD OF "SDK 6676 A".

Policyholder / Driver's Signature
Date:

IDAC - SIN MING

STA Inspection Pte Ltd
302 Sin Ming Road
Singapore 575627
Tel : 6555 8886
Fax : 6454 3279

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:
Date: