

## 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             | 20/06/2019 12:19                         |
| Date Of Accident           | 31/05/2019 16:15                         |
| Exact Location Of Accident | ECP (CHANGI) AFTER MARINE PARADE FLYOVER |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLH3737D             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN KIAH CHUNG       |
| NRIC No                     | S7633910D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-93854849 |
| Alternative Phone No        | OFFICE-93854849      |

### Vehicle Particulars

|  |                       |
|--|-----------------------|
| Manufacturer   | TOYOTA                |
| Model  | HARRIER PREMIUM 2.0 A |
| 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? | 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             | A29038042QMY                         |
| Cover Note Number         |                                      |

### Driver

|                      |                                      |
|----------------------|--------------------------------------|
| Name of Driver       | VINCENT TAN KIAH CHUNG (CHEN JIAJUN) |
| NRIC No              | S7633910D                            |
| Date Of Birth        | 24/10/1976                           |
| Occupation           | INDOOR                               |
| Date Of Driving Pass | 17/06/1996                           |
| Driving Experience   | 22 YEARS AND 11 MONTHS               |
| Gender               | MALE                                 |
| Mobile Number        | (LOCAL) +65-93854849                 |
| Fax Number           |                                      |
| Contact Number       | OFFICE-93854849                      |
| Email Address        | NOEMAIL                              |

|   |                 |
|---|-----------------|
| Address   | 37 JALAN MARIAM |
| Postcode  | 509315          |
| 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?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| 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                       | CHANGI NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5872999 - <b>FAX NO:</b> 65872900                               |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190601/2076.

#### Attachment(s)

|   |                                   |
|---|-----------------------------------|
| Are accident photos available for attachment? | YES                               |
| Was there any video captured by Car Camera?   | YES                               |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH TRAFFIC POLICE |
| Was there any audio recorded?                 | NO                                |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |            |
|-----------------------------|------------|
| Vehicle Registration Number | FV1286Z    |
| Vehicle Make/Model/Colour   |            |
| Details Of Properties       |            |
| Vehicle Category            | MOTORCYCLE |
| Name of Driver              |            |
| NRIC/Passport Number        |            |
| Contact Number              |            |
| Address                     |            |
| Postcode                    |            |
| Insurance Company Name      |            |

Nature Of Damage

No. Of Passenger (Including Driver) 1

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

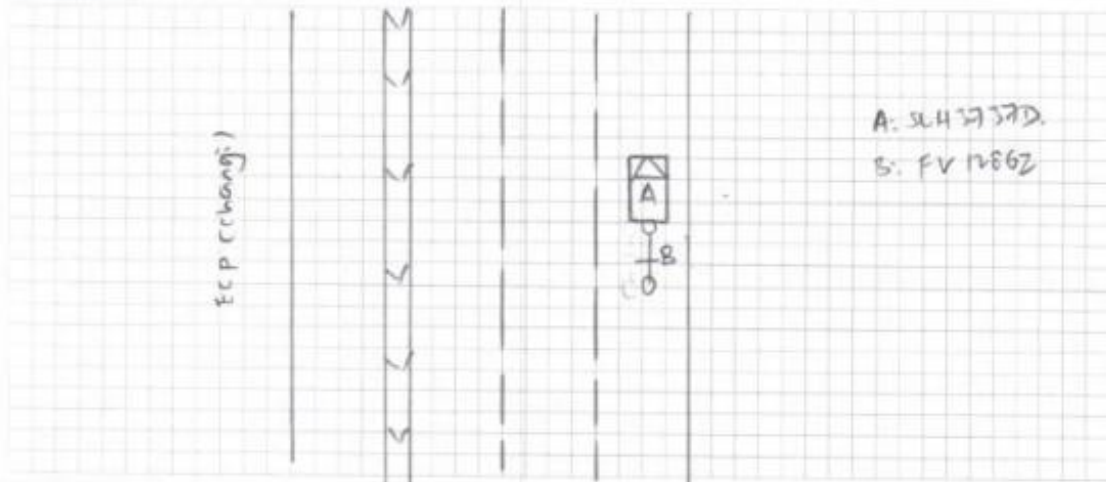
  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report - T/20190601/2076

### 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:

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

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190601/2076

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20190601/2076

## REPORT OF A TRAFFIC ACCIDENT

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>01/06/2019 13:55 | Vide Report No.:<br>G/20190531/0127 | Station Diary No.:<br>40 |
|--|-------------------------------------|--------------------------|

| Informant's Particulars                      |            |   |                              |
|--|------------|---|------------------------------|
| Name of Informant:<br>VINCENT TAN KIAH CHUNG |            | Address:<br>37 JALAN MARIAM SINGAPORE 509315                |                              |
| ID Type / ID No.:<br>NRIC NO / S7633910D     |            | Contact No.:<br>Home/Office: Mobile: 93854849               |                              |
| Nationality:<br>SINGAPORE CITIZEN            |            | Email:  |                              |
| Sex:<br>Male                                 | Age:<br>42 | Date of Birth:<br>24/10/1976                                | Type of Informant:<br>Driver |
| Race:<br>Chinese                             |            | Language:<br>English  | Institution / School Name:   |
| Occupation:<br>SELF-EMPLOYED                 |            | Driving Licence Information:<br>Class: 2B,3 Date of Expiry: |                              |

| General Information of the Accident                               |                                 |                                    |  |                                    |
|---|---------------------------------|------------------------------------|--|------------------------------------|
| Type of Accident:   | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                 | Date/Time of Accident:<br>31/05/2019 16:15 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>EAST COAST EXPRESSWAY<br>ECP EXIT 8B |                                 |                                    |  |                                    |
| Weather:<br>Clear   |                                 | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way  |                                 | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear      |                                 |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

| Details of Vehicle Involved |            |        |                       |       |                  |                 |
|-----------------------------|------------|--------|-----------------------|-------|------------------|-----------------|
| Vehicle No.                 | Type       | Make   | Model                 | Color | Condition        | No of Passenger |
| FV1286Z                     | Motorcycle | HONDA  | CB400SF2J             | White | Slightly Damaged | 0               |
| SLH3737D                    | Car        | TOYOTA | HARRIER PREMIUM 2.0 A | White | Slightly Damaged | 0               |

| Details of Vehicle Insurance |                                      |              |            |             |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                    | Insurance No | Effective  | Expiry Date |
| SLH3737D                     | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 8VPCP1831250 | 19/10/2018 | 18/10/2019  |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190601/2076

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Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20190601/2076

## CONTINUATION OF REPORT

| Details of Person Involved        |                        |  |                                    |
|-----------------------------------|------------------------|--|------------------------------------|
| Any Pedestrian Involved: No       |                        |  |                                    |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA         |                                    |
| Driver                            |                        |  |                                    |
| Name                              | VINCENT TAN KIAH CHUNG | ID No.                                 | S7633910D                          |
| Related Vehicle                   | SLH3737D (Car)         | Contact No.                            | 93854849                           |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                                |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                                |

### Brief Details.

on 31/05/2019 at about 1615hrs, I was driving my car vehicle (SLH 3737D) along ECP lane 1 towards Changi Airport. That point of time the traffic was heavy, the motorbike (FV 1286Z) was riding along lane 2 after which he changed lane to lane 1 and was riding behind my car. After which the front car vehicle slowed down, I slowed down and followed behind him and the motorbike was still riding behind my car. Subsequently the front car slowed down again, as such I slowed down my car vehicle and suddenly I felt an impact from the rear and I stopped my car and went out to take a look. I noticed that the motorbike lose control and collided into my rear bumper and cause damage on it. I had in car camera installed in my car and I have handover the SD card to the TP IO. The motorbike rider was injured and was been conveyed to hospital.

# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20190601/2076

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Report No. T/20190601/2076

## 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:

G /

Sgt 2 CHEE KIT YING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

01/06/2019 13:55

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**

