Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 02/07/2019 15:12

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 witholding 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	02/07/2019 11:37
Date Of Accident	29/06/2019 12:30
Exact Location Of Accident	ALONG AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH2822S
Insured/Policyholder	
Name Of Registered Owner	OEI SEK KIM
NRIC No	S0152563H
Email Address	TANTS@CEHGROUP.COM
Mobile Phone No	(LOCAL) +65-97466783
Alternative Phone No	OTHERS-90728008
Vehicle Particulars	
Manufacturer	LEXUS
Model	ES250-2.5 (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?	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	S 28848223 SMF
Cover Note Number	
Driver	
Name of Driver	TAN TIONG SIN
NRIC No	S0127992J
Date Of Birth	23/12/1952
Occupation	INDOOR
Date Of Driving Pass	18/07/1973
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97466783
Fax Number	
Contact Number	OTHERS-90728008
EMail Address	TANTS@CEHGROUP.COM

Address	19 WEST COAST AVENUE
Postcode	128073
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	CHAIN COLLISION
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	3
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	BUKIT MERAH WEST NPC
Police Station Address	**ROAD**: 500 BUKIT MERAH VIEW #01-01 , **POSTCODE:** 159682 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190701/2052

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA6986D
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM JOO JIN
NRIC/Passport Number	S8730611I
Contact Number	91990519
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL3789H
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

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. The 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 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

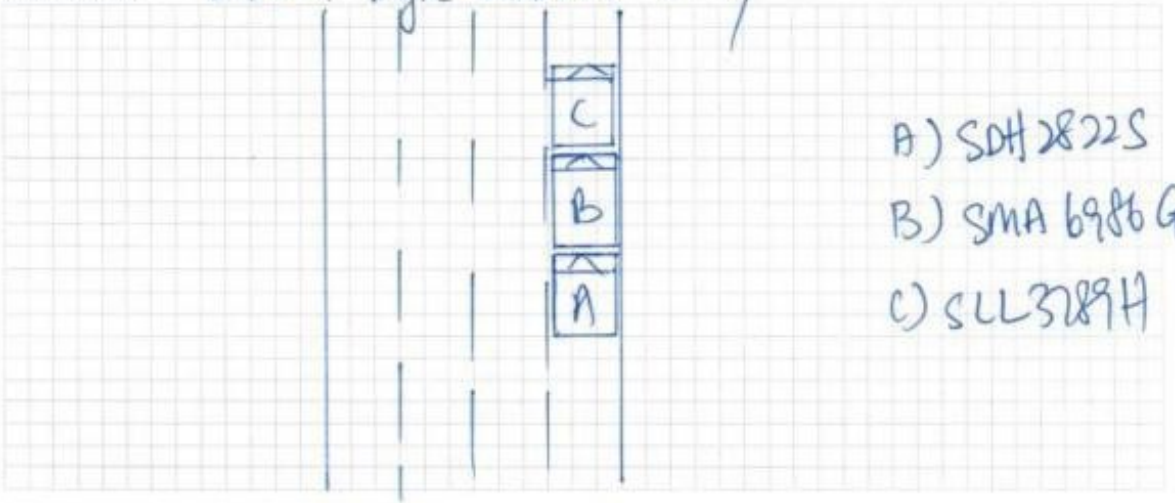
   (ii) for complying with requirements under any regulations, laws or court orders.

02/07/2019

Policyholder's Signature Date & Times:	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 Woodlands City



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attach report from Singapore Police Force T/2019/01/2052

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: 2/7/19	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 02/07/2019

SINGAPORE POLICE FORCE

T/20190701/2052

Report No. T/20190701/2052

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/07/2019 12:08	D/20190629/0063	15

Informant's Particulars

Name of Informant: TAN TIONG SIN			Address: 19 WEST COAST AVENUE SINGAPORE 128073	
ID Type / ID No.: NRIC NO / S0127992J			Contact No.: Home/Office: Mobile: 90728008	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 23/12/1952	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: maintainence officer			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2019 12:30	Type of Location: expressway
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along Ayer Rajah Expressway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDH2822S	Car	OTHERS	lexus es250	White	Slightly Damaged	0
SMA6986G	Car				Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20190701/2052

Report No. T/20190701/2052

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Brief Details.

On 29/06/2019 at about 1230hrs I was driving my vehicle (SDH2822S) along AYE Expressway . As I was driving, the car infront of me suddenly jam braked. I then immediately pressed on my brake to stop my car, however I was unable to stop in time. My front portion of my car then hit onto the rear of the other vehicle(SMA6986G).

The following damage incurred to my vehicle :

1) Slight crack on the registration number plate.

I would like to state I am not injured. I have an in-car camera installed in my vehicle and I have handed over the micro-sd card to the traffic police. I am making this report as advised by the traffic police department.

SINGAPORE POLICE FORCE

T/20190701/2052

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE 159682
Tel No: 1800-3779999

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:
D /
Sgt 3 LOW KONG WEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/07/2019 12:08

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

Authentication Stamp
NP168

POLICE REPORT

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20190629/0063

I, SSGT 70912 Muhd Izzat
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police Headquarters
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One "Vertico" micro SD card 32GB
2
3
4
5
6
7
8
9
10

from S0127992J Tan Tiong Sin
(Name, NRIC or Passport No. / Rank and No.)

of 19 West Coast Avenue Sg 128073
(Address / Police Station / NPC / NPP)

on 29/06/2019 (Date) at 1345hrs (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)

S0127992J
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature

SSGT 70912 Muhd Izzat
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:

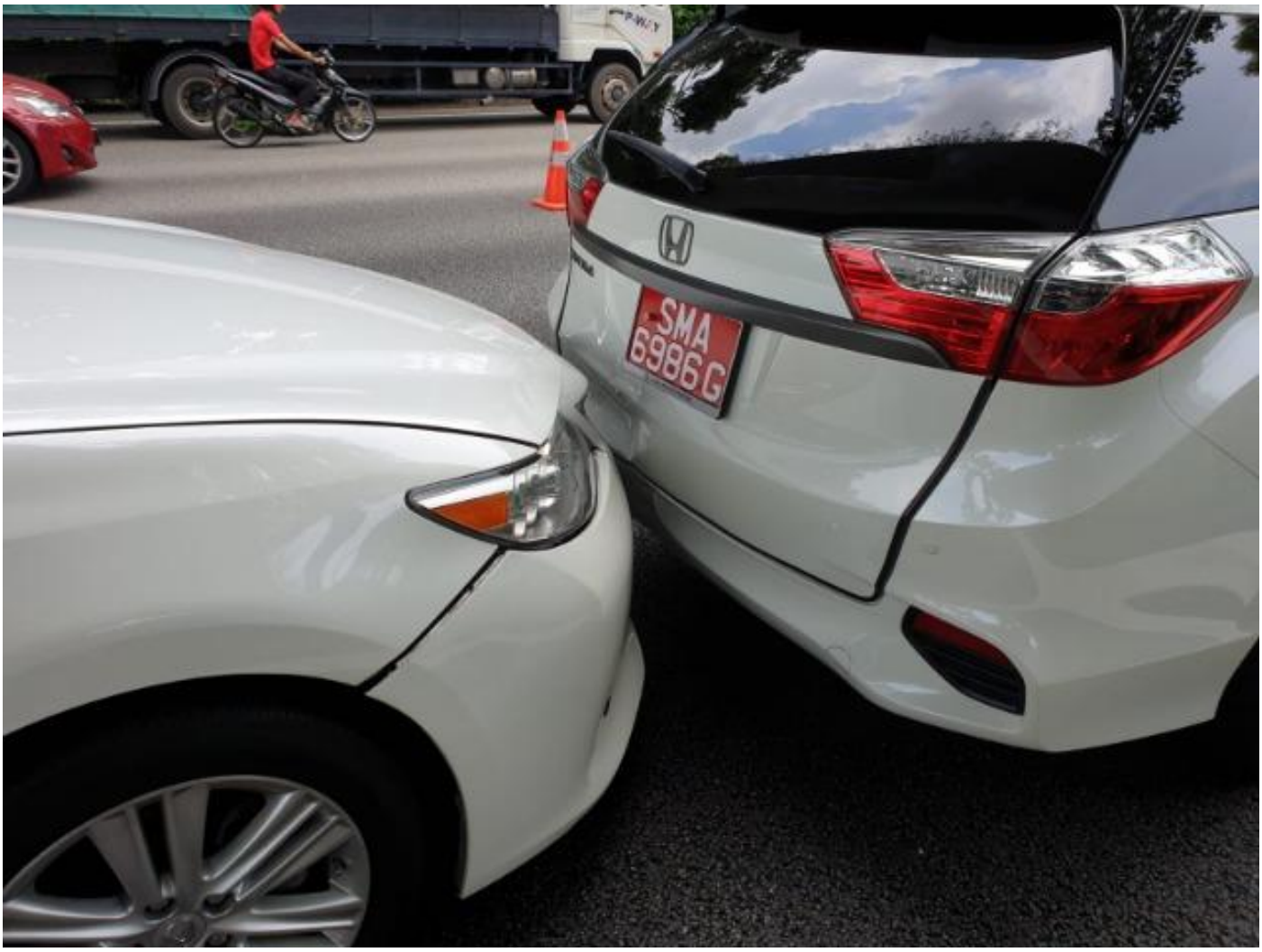
NP 323 (2/16)

Accident Photo

Accident Photo

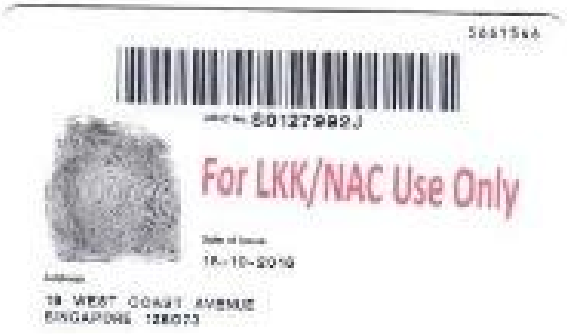
Accident Photo

Accident Photo

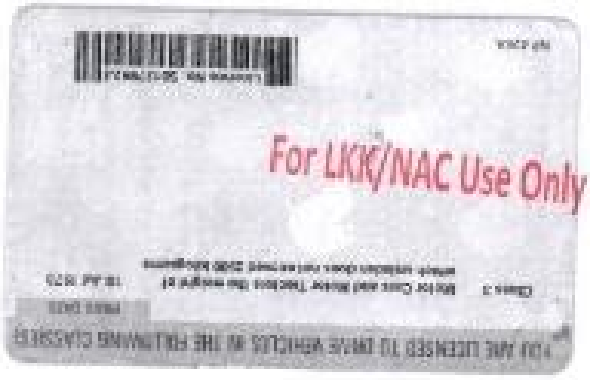


Accident Photo

Identification Card



Identification Card



Addendum Sheet

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: 56655000D / GST Reg. No: M40001773S

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 : MNA41908588 2 Vehicle Registration No: SDH 2825

Name (as shown in NRIC) : TAN TIONG SIAN NRIC/FIN/Passport No : S0127952J

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 90728008

Email Address :

Date of Accident : 29/06/2019 Time of Accident : 12:30

Place of Accident : ALONG BYE TOWARDS CITY

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:

~~OTHER~~ OWNER NAME TO BE SEK KIM

~~2ND~~ B VEHICLE SHOULD BE SMA6986G

Policyholder / Driver's Signature
Date:

03/07/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: