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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/07/2019 12:43
Date Of Accident	02/07/2019 18:45
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVENUE/STIRLING ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW61U
Insured/Policyholder	
Name Of Registered Owner	EURO-PLATE PTE LTD
Co Reg No	201623880H
Email Address	EUROPLATE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91670381
Alternative Phone No	OFFICE-94796100
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28845781 MKC
Cover Note Number	
Driver	

Name of Driver

ANG SWEE KEE

NRIC No

S1284314C

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

20/06/1980

Driving Experience 39 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91670381

Fax Number

Contact Number OFFICE-94796100

EMail Address EUROPLATE@SINGNET.COM.SG

Address BLK 101 ALJUNIED CRESCENT

#04-333

Postcode 380101

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

ambulance?

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

NO YES

Was any other material or property damaged?

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 TIMAH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4629999 - **FAX NO**: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH

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 JRG6763

Vehicle Make/Model/Colour

Details Of Properties

31100703

Vehicle Category MOTORCYCLE

Name of Driver TAY HONG SIONG

NRIC/Passport Number

Contact Number 93865789

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG4565G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ADELINE LEE

NRIC/Passport Number

Contact Number 90117190

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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

12.21

(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 Sign

NRIC/FIN No.

crosser sentitiones may be

Accident Sketch Plan

KETCH PLAN TUME?	IN OF COMMONWARITH ADA / STIRLIKES POAD
A)GNGIU	
B) Jek 6763	
JSLG 4565 G	
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ESCRIBE CIRCUMSTANCES (DF THE ACCIDENT
	- OA
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/	
ECLARATION	
We declare the foregoing particu	/ 1 / 2
(EP)	930719 12-22 pm 07/07/2018
licyholder's Signature ite & Time:	Driver's Signature Reporting Centre Personnel's Signature Name:
	Date & Time: NRIC/FIN No.:





1 of 4

Report No. T/20190702/2158

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

REPORT OF A TR	AFFIC ACC	IDENT
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02/07/2	ime Report 2019 20:49	Made:	Vide Report No.:	Station Diary No.:
Informant's Particulars			D/20190702/0135	78
ANG S	of Informant WEE KEE		Address: APT BLK 101 ALJUNIED CE	RESCENT #04-333 SINGAPORE
ID Type	/ ID No.:	W TOO	380101 Contact No.:	LOCENT #04-333 SINGAPORE
NRIC NO / S1284314C Nationality:			Home/Office:	Makir
SINGAPORE CITIZEN		EN	Email:	Mobile: 91670381
Sex: Male	Age:	Date of Birth: 03/03/1958	Type of Informant:	
Race:		100/00/1936	Driver	
Chinese Occupation: DELIVERY DRIVER			Language: English	Institution / School Name;
			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Attended by Pol		Drink Drive:	Date/Time of	ecilo, s	Type of Location
Location: Along Road 1			No	Accident: 02/07/2019 1	8:45	Straight Road
COMMONWE	ALTH AVENUE					
Weather:	ling Rd	Pood 6	,			
Weather: Clear	ling Rd	Road Su Dry	ırface:		Roa	d Speed Limit:
Weather: Clear Traffic Flow: One Way		Dry Traffic Co	ontrol:			C4 1959W056
junction of Stir Weather: Clear Traffic Flow: One Way Type of Collisio		Dry Traffic Co	ontrol: trolled			fic Volume:

GW61U Van NISSAN NV200 Condition		
NISSAN AN CONTRACTOR OF THE PROPERTY OF THE PR	No. of the	
NISSAN NV200 White Slightly	No of Passenge	
IBCeres Slightly	0	
TABLE Damaged		
SI CASSEC O	0	
SLG4565G Car NISSAN Note Pink Slightly		





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

2 of 4 Report No. T/20190702/2158

CONTINUATION OF REPORT

Details of Perso	n Involved		SECTION AND DESCRIPTION OF THE PARTY OF THE	ALC: N	1000	SUS ZOUTO
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA
Driver		SERVICE STATE		dootiid	0,030	only. NA
Name	ANG SWEE KEE			ID No),	S1284314C
Related Vehicle	GW61U (Van)		Contact No.		91670381	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			
Rider	SPERMINE FOR FILE	ALMES HELD			History I	avendors of a form
Name	TAY HONG SIONG			ID No		NIL
Related Vehicle	JRG6763 (Motorcycle)		Contact No.		93865789	
Hospital/Clinic	NIL		Class Drivin Licent	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ed Medical Leave	NIL		ree of Injury Slight		
Driver		Section Section	Degree of	injury	Oligiti	
Name	ADELINE LEE			ID No		NIL
Related Vehicle	SLG4565G (Car)		Contact No.		90117190	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	Property of the Control of the Contr	NIL	
	ed Medical Leave		Date Disc	idiye:	IAIL	

Brief Details.

On the abovementioned date and time, I was driving my vehicle (GW 61U) straight along Commonwealth Avenue. As I was about to switch into the centre lane after giving my signal, somewhere near to the junction of Stirling Rd, a motorcycle suddenly appeared on my right side and hit onto the right side of my vehicle.

I noted that the motorcycle rider (JRG 6763) then lost his balance and then hit onto another car (SLG 4565G) somewhere on the right side of the car body.



T201007020450

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

3 of 4 Report No. T/20190702/2158

CONTINUATION OF REPORT

After the accident happened, all 3 vehicles involved shifted our vehicles into the nearby Shell petrol kiosk and started to exchange particulars.

The following are damages by the respective vehicles involved:1) GW 61U- side mirror cracked and some scratches on the door.

- 2) JRG 6763U- minor damages on the left hand side mirror.
- 3) SLG 4565G slight dent on the bottom right side of the rear passenger door.

A Traffic Police officer then arrived at accident scene and we were advised to lodge a report.



Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999



4 of 4 Report No. T/20190702/2158

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: E / Staff Sgt NORMAN BIN JALAL	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2019 20:49	
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:	
uthentication Stamp		



























