

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	13/07/2019 12:42
Date Of Accident	12/07/2019 22:10
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBJ1428S
Insured/Policyholder	
Name Of Registered Owner	TOH KIEN SENG
NRIC No	S1669554H
Email Address	PROWAYS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97573488
Alternative Phone No	OTHERS-97573488

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
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	D 27764445 QMY
Cover Note Number	

Driver

Name of Driver	TOH CHONG LONG, KENNEDY
NRIC No	S9510203D
Date Of Birth	31/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91373023
Fax Number	
Contact Number	
Email Address	KENNEDYTOH95@GMAIL.COM

Address	BLK 12, JALAN BUKIT MERAH, #15-5046,
Postcode	150012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	2
Passenger 1	NAME: : AMANDA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	QUEENSTOWN NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

see sketch plan and police report

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC858G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHONG SOO LEONG
NRIC/Passport Number	S7347283J
Contact Number	96869640
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: : MALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGV2843Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOH WEI PING

NRIC/Passport Number

S9201616A

Contact Number

81123802

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

TOH CHONG LONG KENNEDY

Approximate Age

Injuries Sustain

NECK SHOULDER BACK

Injured person in which vehicle?

SBJ1428S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:



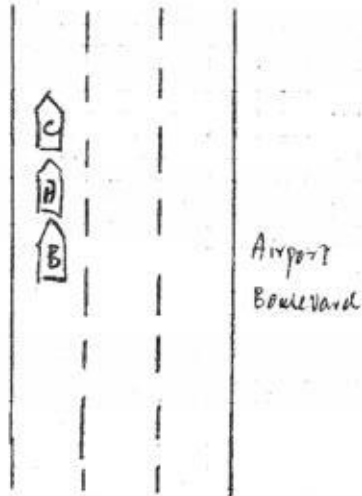
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

A) SBJ 14583
B) SHC 8586
C) SGV 2843Y



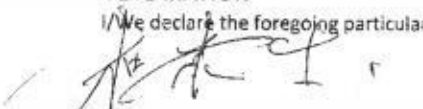
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling on the 3rd lane when SGV 2843Y jam break that lead me to jamming my vehicle break just in time. Subsequently SHC 8586 hit me from the back that lead me to hitting the rear view of SGV 2843Y.

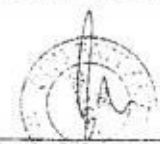
After the accident I felt that my neck and spine experienced a little discomfort and pain. I went to the hospital for a check medical examination.

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.:



**SINGAPORE
POLICE FORCE**



T/20190713/2042

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190713/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2019 11:48		Vide Report No.:		Station Diary No.: 33	
Name of Informant: TOH CHONG LONG, KENNEDY					
ID Type / ID No.: NRIC NO / S9510203D		Address: APT BLK 12 JALAN BUKIT MERAH #15-5046 SINGAPORE 150012			
Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office:		Mobile: 91373023	
Sex: Male		Age: 24	Date of Birth: 31/03/1995	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:	
Occupation: INSURANCE AGENT		Driving Licence Information: Class: 3A		Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2019 22:10	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD				
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

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBJ1428S	Car				Slightly Damaged	1
SGV2843Y	Car				Slightly Damaged	1
SHC858G	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190713/2042

Police Station Of Origin:
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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190713/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver 1			
Name	TOH CHONG LONG, KENNEDY	ID No.	S9510203D
Related Vehicle	SBJ1428S (Car)	Contact No.	91373023
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	13/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver 2			
Name	MOH WEI PING	ID No.	S9201616A
Related Vehicle	SGV2843Y (Car)	Contact No.	81123802
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
Driver 3			
Name	CHONG SOO LEONG	ID No.	S7347283J
Related Vehicle	SHC858G (Car)	Contact No.	96869640
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

Brief Details.

On 12/07/2019 at about 2212hrs, I was in my vehicle SBJ1428S travelling along Airport Boulevard near to Terminal 3 Dr. Suddenly the vehicle in front of me SGV2843Y made an emergency brake and stopped at the middle of the road. I then applied brake and managed to come to a stop. However, the vehicle behind me (SHC858G) could not stop in time and knocked onto the rear of my vehicle, causing my vehicle to move forward and knocked onto the vehicle in front of me (SGV2843Y). We then stopped and exchange particulars, and CISCO officers were there to assist and told us to shift aside. Nobody was injured at that point in time. My vehicle suffered dent at the front and rear, the vehicle in front of me had dent on the rear of his vehicle SGV2843Y, and the taxi behind me seemed to have suffered a little dent at the front of his



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Report No. T/20190713/2042

CONTINUATION OF REPORT

vehicle SHC858G. I went home after that and felt discomfort at my neck area, and went to seek medical treatment at Alexandra Hospital and was given 3 days MC.



**SINGAPORE
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T/20190713/2042

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Report No. T/20190713/2042

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 LEE JIA YAN <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2019 11:48
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168 *[Signature]*