

## 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	18/07/2019 17:00
Date Of Accident	17/07/2019 12:50
Exact Location Of Accident	MACPHERSON TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6397B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STAMFORD POWER ENGINEERING PTE LTD
Co Reg No	200808382E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68423678

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29121413 MKC
Cover Note Number	

### Driver

Name of Driver	FOO CHIH MIN(HU ZHIMING)
NRIC No	S7401254Z
Date Of Birth	11/01/1974
Occupation	INDOOR
Date Of Driving Pass	07/05/1996
Driving Experience	23 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85088888
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 452 HOUGANG AVE 10 #06-565
Postcode	530452
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

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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190718/2093

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP3688T
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)

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

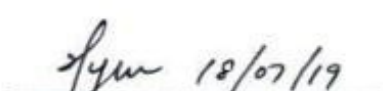
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.

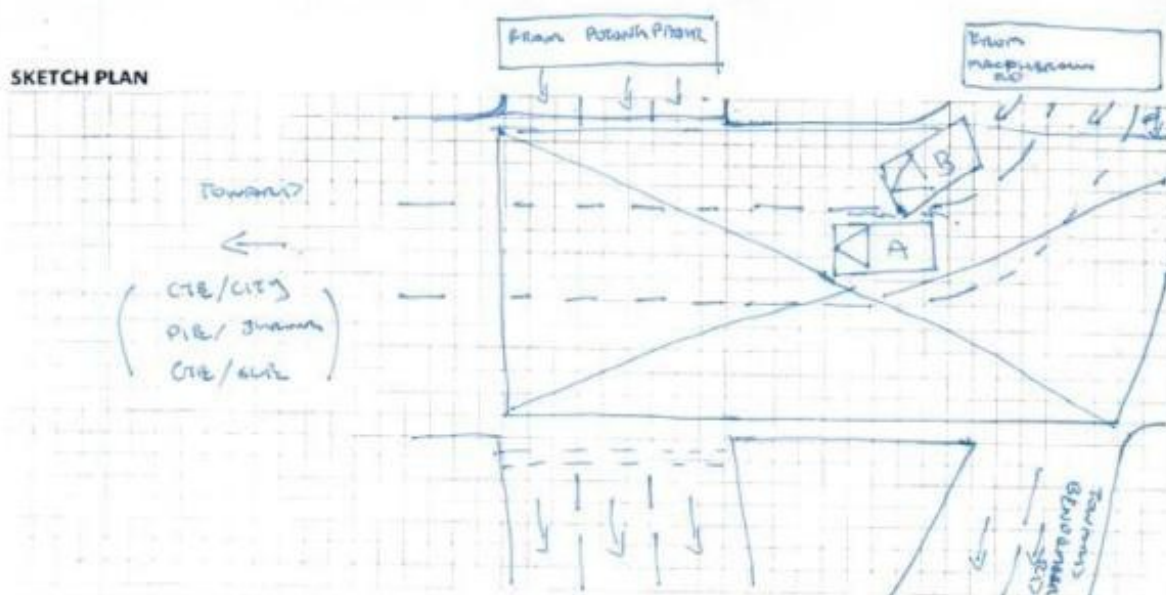
  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report.

Report Number.

: T/20190718/2093.

Vehicle A - GBC 6392 B

Vehicle B - STP 3685 T.

## 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.: \_\_\_\_\_



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190718/2093

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190718/2093

## CONTINUATION OF REPORT

Driver			
Name	FOO CHIH MIN	ID No.	S7401254Z
Related Vehicle	GBC6397B (Van)	Contact No.	85088888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

ON THE ABOVE DATE TIME AND LOCATION

I WAS TRAVELLING ON THE SECOND LANE TURNING RIGHT AND THERE WAS A WHITE HONDA CIVIC (SJP3688T) DOING SO AS WELL AS I WAS TURNING I FELT A BUMP TO THE RIGHT SIDE REAR OF MY VEHICLE AND HAD SEEN THAT THE HONDA CIVIC HAD HIT MY VEHICLE. I TURN ON MY HAZARD LIGHTS AND SIGNALLED HER TO MOVE TO THE SIDE OF THE ROAD. THE DRIVER IGNORED MY SIGNALS AND DROVE OFF.

I HAVE AN INCAM CAMERA FOOTAGE AND WOULD LIKE TO PROVIDE TO AID WITH THE INVESTIGATION.

Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190718/2093

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No: T/20190718/2093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 14:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: FOO CHIH MIN			Address: SINGAPORE 530452		
ID Type / ID No.: NRIC NO / S7401254Z			Contact No.: Home/Office: Mobile: 85088888		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 11/01/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2019 12:50	Type of Location:
Location: Along Road 1 MACPHERSON ROAD TOWARDS PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC6397B	Van				Slightly Damaged	0
SJP3688T	Car				Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



SINGAPORE  
POLICE FORCE



T/20190716/2093

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190716/2093

CONTINUATION OF REPORT

Driver			
Name	FOO CHIH MIN	ID No.	S7401254Z
Related Vehicle	GBC6397B (Van)	Contact No.	85086888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

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Police Report



SINGAPORE  
POLICE FORCE



T/20190718/2093

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190718/2093

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /  
FIRDAUS BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2019 14:19

Officer In Charge Of Case:

TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



## Identification Card

