

## 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	22/07/2019 17:08
Date Of Accident	22/07/2019 08:50
Exact Location Of Accident	CECIL STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE56E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOO SOON GUAN
NRIC No	S8141459I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93210056
Alternative Phone No	OFFICE-93210056

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	MSD/VPCB/18-000963
Cover Note Number	-

### Driver

Name of Driver	LOO SOON GUAN
NRIC No	S8141459I
Date Of Birth	18/12/1981
Occupation	INDOOR
Date Of Driving Pass	31/10/2001
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93210056
Fax Number	
Contact Number	OFFICE-93210056
EEmail Address	NOEMAIL

Address	698B HOUGANG ST 61 #14-326
Postcode	532698
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 35 CHAI CHEE AVENUE #01-256/258 , <b>POSTCODE:</b> 461035 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-445 9999 - <b>FAX NO:</b> 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SLK1588P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SONG TECK
NRIC/Passport Number	S1757391H
Contact Number	92963121
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LOO SOON GUAN
Approximate Age	
Injuries Sustain	LEFT ARM, LEFT BACK AND NECK
Injured person in which vehicle?	SGE56E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.



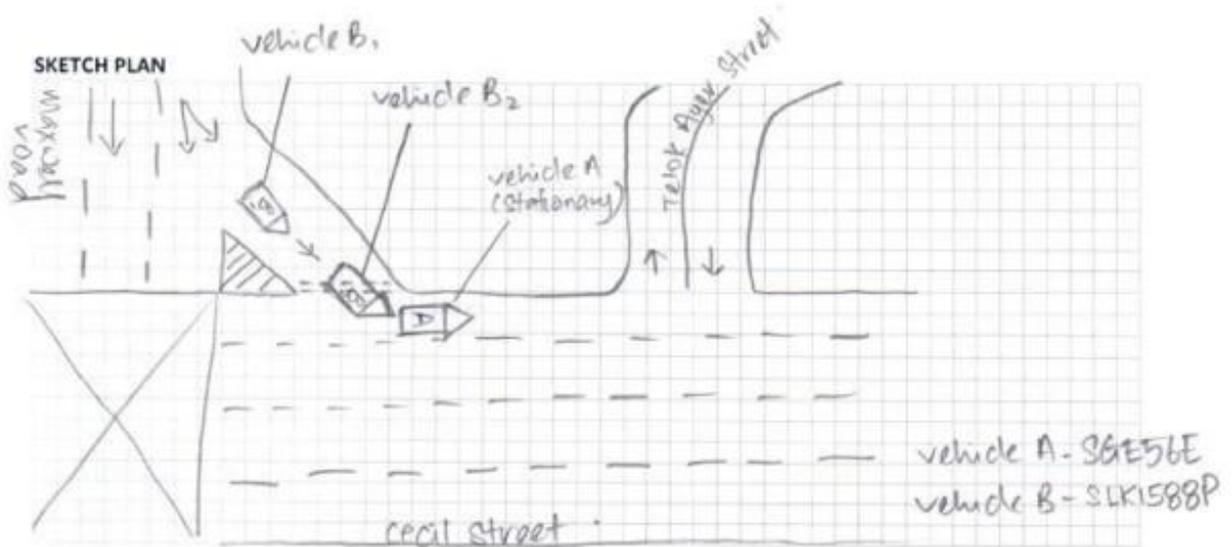
Policyholder's Signature  
Date & Time:

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



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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190722/2113

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

1 of 3  
Report No. T/20190722/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/07/2019 16:36	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: LOO SOON GUAN		Address: 698B HOUGANG STREET 61 #14-326 SINGAPORE 532698	
ID Type / ID No.: NRIC NO / S8141459I		Contact No.: Home/Office: Mobile: 93210056	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 18/12/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2019 08:50	Type of Location: Straight Road
Location: Along Road 1 CECIL STREET  Along Cecil Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGE56E	Car	TOYOTA	WISH 1.8 CVT	Grey	Seriously Damaged	0
SLK1588P	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGE56E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	8VPCB1818670	15/09/2018	14/09/2019

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190722/2113

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

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Report No. T/20190722/2113

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOO SOON GUAN	ID No.	S8141459I
Related Vehicle	SGE56E (Car)	Contact No.	93210056
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	22/07/2019	Date Discharge	22/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On 22/7/2019 at about 0850hrs, I was driving my grey in color Toyota Wish with bearing plate number SGE56E along Cecil Street. At that point of time, I was driving on the extreme left lane of the said road and I was queuing on the said lane to turn left to Telok Ayer Street. At that point of time, my vehicle was stationary at the said road while waiting for the front vehicle to move off.

While I was waiting for the front vehicle to move off, suddenly I heard a loud "bang" coming out from the rear of my vehicle and my vehicle surge forward due to the impact. I then immediately stepped out from my vehicle to inspect on the damages of my vehicle.

I managed to snap some photos of my vehicle's damages and also exchange particulars with the driver who is driving a white in color Toyota Prius with bearing plate number SLK1588P. He is one, Tan Song Teck, S1757391H, c/n: 92963121. My vehicle's damages were rear bumper, tailgate, left mudguard were seriously damaged.

When the accident occurred, Traffic Police and Ambulance were not at scene. After the accident, I felt numbness on my left arm and soreness on my left back and neck. I then went to seek treatment at BOK FAMILY CLINIC PTE LTD located at Blk 117 Bedok Reservoir Road #01-58. I was given 3 days' medical leave starting from 22/7/2019 till 24/7/2019 and was given a referral memo to go for X-ray at Quantum Medical Imaging Pte Ltd.

I am not sure any cctv at the said location.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190722/2113

Police Station Of Origin:  
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3 of 3

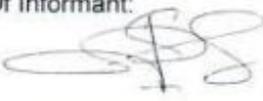
Report No. T/20190722/2113

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 / Sr Staff Sgt GOH QI FAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 16:36
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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