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	08/08/2019 17:30
Date Of Accident	08/08/2019 15:15
Exact Location Of Accident	ALONG PIE TOWARDS TUAS LAMP POST NO.1105
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCJ8999C
Insured/Policyholder	
Name Of Registered Owner	LEE WENG KEE
Passport No/FIN	S0003641B
Email Address	LIWINKIE888@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97521211
Alternative Phone No	OTHERS-97521211
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS C-1.5 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	A29088511QMX
Cover Note Number	
Driver	
Name of Driver	LEE WENG KEE
Decement No/EIN	C0003641P

Passport No/FIN S0003641B Date Of Birth 13/12/1949 Occupation **INDOOR** Date Of Driving Pass 26/09/1972 46 YEARS AND 10 MONTHS **Driving Experience** MALE Gender Mobile Number (LOCAL) +65-97521211

Fax Number

Contact Number OTHERS-97521211

EMail Address LIWINKIE888@GMAIL.COM Address

296D CHOA CHU KANG AVENUE 2 #03-52 SINGAPORE

Postcode

684296

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?

YES

Foreign Vehicle Registration Number

NCT9323 (COMMERCIAL VEHICLE)

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: LEE JING XIAN

GENDER:

: FEMALE

Passenger 2

NAME:

: TAN BOON CHUAN

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]

TRAFFIC POLICE

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT NO.T/20190808/7021 AND SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

NCT9323

Vehicle Make/Model/Colour **Details Of Properties**

NO DAMAGED

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MOHAMMAD SHARIQ BIN ABDUL RAHMAN

NRIC/Passport Number

Contact Number

NIL

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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
- 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:

- 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)
 - (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")
- 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
- 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.
- 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.
- 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

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

> COMPORTOELGRO EMBINOSSUMS PER LTD EXTERNAL DUSWIESS ON ANDAY BRANCH NALIE & STOPHOLDE (V)

Policyholder's Signature Date & Time: 8(8(2019

17.450-

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

Reporting Centre Personnel's Signature Name: WONG CHEE WEI NRIC/FIN No. 672 20994.

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				R:	NCTA	323		

DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	
I was divi	up along PIE on the 3th land 4.55 pm after Eng Neo, I	in my valide 50589990
and about	4.55 pm after Eng Neo, I	felt a loud being on
the back of	my Vehicle Immediately,	I put on the hazard
lights. The	ese was a second bong a	y hay car's back. I
Saw from t	ese was a second long on we basels a Malaysia her	By Noticle HCT 9323
later ident	ified as driven by Moh	amuned Shafif bin Abolul
Rahman (d	ming licere 910724016239). I had two personnes
1'n my con	and for tunately they we	to not injuted. We
stopped our	vehicles near lamp post and I called the treffie	Nº 1105. We ordaped
indernation	and I called the traffic	pelico als come and
took our s	tetements for Report E/20	0130808/0120 hy
Officer Sylea	testemats for Report E/20 d Ky (Tel: 65476214)	
l lu		
Repair vill	be claimed under my own	insurance pedicy first
and seewery	against trival party insure	erby ousig insulare co.
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DECLARATION	A CONTRACTOR OF THE CONTRACTOR	COMPORTDELIGRO ENGANDARING PTE LTD
I/We deciding the foregoing	particulars are true in every respect.	EXTERNAL DUSMIESE DAV. PONDAN BRANCH
of 1		NAME & SIGNATURE: AND DATE:
Policyholder's Signature	Driver's Signature	Reporting Cont @ Persphiliel's Signature
Date & Time:	(If driver is not the policyholder)	Name: NRIC/FIN No: 6772/80994

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Sketch Plan Pg. 3





0190808/7021

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

1 of 4 Report No. T/20190808/7021

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 08/08/2019 16:49		Vide Report No.: E/20190808/0120	Station Diary No.:	
Informa	nt's Particu	ulars		And the second of the second o	
Name of Informant: LEE WENG KEE			Address: 296D CHOA CHU KANG AVENUE 2 #03-52 SINGAPORE 684296		
ID Type / ID No.: NRIC NO / S0003641B			Contact No.: Home/Office:	Mobile: 97521211	
Nationality: SINGAPORE CITIZEN		EN	Email: LIWINKIE888@GMAIL.COM		
Sex: Male	Age: 69	Date of Birth: 13/12/1949	: Type of Informant: Driver		
Race: Chinese		- F	Language: English	Institution / School Name:	
Occupation: Retiree			Driving Licence Informatio Class: 3	n: Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2019 15:1	Type of Location Straight Road	
Location: PAN ISLAND	EXPRESSWAY				
Lamp Post Nu Weather: Clear	ımber: 1105	Road Surface: Dry	1	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate	
Type of Collis	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model '	Color	Condition	No of Passenger
SCJ8999C	Car	TOYOTA	Prius C	White	Slightly Damaged	2

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SCJ8999C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A29088511 QXM	30/07/2019	29/07/2020	





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

2 of 4 Report No. T/20190808/7021

CONTINUATION OF REPORT

Any Pedestrian I	nyolyed: No				
No. of Pedestriar		Hos of Do	مام ماسا م		NIA
Driver	is injured. NIL	Use of Pe	destrial	n Cross	sing: NA
Name	LEE WENG KEE		LIDAL		L 00000044D
name	LEE WENG KEE		ID No).	S0003641B
Related Vehicle	SCJ8999C (Car)		Conta	act No.	97521211
Hospital/Clinic	NIL			of g ce & y Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Passenger		2 - 3 - 3 - 3	y		
Name	LEE JING XIAN		ID No.		S7940174I
Related Vehicle	SCJ8999C (Car)		Contact No.		90040334
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
	ed Medical Leave NIL	Degree of			
Passenger	od Medical Eddyo ME	Dog:00 01	injury	IVIL	
Name	TAN BOON CHUAN		ID No.		S0413096C
Related Vehicle	SCJ8999C (Car)			ct No.	98622279
Hospital/Clinic	NIL ,			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
Vo of Days grante	ed Medical Leave NIL	Degree of		NIL	TO THE PARTY OF TH

Brief Details

I was travelling along PIE on the 2nd lane in my vehicle SCJ8999C at about 2.55 pm and after Eng Neo, I felt a loud bang on the back of my vehicle. Immediately, I put on my hazard light. There was a second bang on the back. I saw from the back a Malaysian truck NCT 9323 later identified as driven by Mohammad Shafiq bin Abdul Rahman (driving licence 910724016239). I had two passengers in my car and fortunately there was no injury. We stopped our vehicles near lamp post no. 1105. We exchanged information and I called the traffice police. Refer to report E/20190808/0120 by Officer Syed Isa (Tel 65476214)

Sketch Plan Pg. 5





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

3 of 4 Report No. T/20190808/7021

CONTINUATION OF REPORT

Sketch Plan Pg. 6





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

4 of 4 Report No. T/20190808/7021

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2019 16:49
Officer In Charge Of Case: TP / TPHQ / MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp	