

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	19/08/2019 18:18
Date Of Accident	19/08/2019 09:05
Exact Location Of Accident	NEW UPPER CHANGI ROAD NEAR BLOCK 59 AFTER JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6747P
Insured/Policyholder	
Name Of Registered Owner	VINCENT ONG WENG SENG
NRIC No	S7311191I
Email Address	ANGELACC.YONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90888180
Alternative Phone No	OTHERS-90888180

Vehicle Particulars

Manufacturer	BMW
Model	320I CONVERTIBLE
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	B27386031SMP
Cover Note Number	

Driver

Name of Driver	YONG CHING CHING ANGELA
NRIC No	S7506104H
Date Of Birth	04/03/1975
Occupation	INDOOR
Date Of Driving Pass	14/03/2007
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90888180
Fax Number	
Contact Number	
Email Address	ANGELACC.YONG@GMAIL.COM

Address	BLOCK 106 JALAN RAJAH #03-100
Postcode	321106
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EX-SPOUSE
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?	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	MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2508999 - FAX NO: 63554312
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	SKJ9136A
Vehicle Make/Model/Colour	AUDI A3 WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENG KOK CHIANG
NRIC/Passport Number	S1189892J
Contact Number	97378997
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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. 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: 19 AUG 2019 5PM



Driver's Signature

(If driver is not the policyholder)
Date & Time: 19 AUG 2019 5PM



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please refer to Police Report No. T/20190819/2127

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 19 AUG 2019 5:30PM

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 19 AUG 2019 5:30pm


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



**SINGAPORE
POLICE FORCE**



T/20190819/2127

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

1 of 4

Report No. T/20190819/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2019 15:19		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: YONG CHING CHING ANGELA			Address: APT BLK 106 JALAN RAJAH #03-100 SINGAPORE 321106		
ID Type / ID No.: NRIC NO / S7506104H			Contact No.: Home/Office: Mobile: 90888180		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 44	Date of Birth: 04/03/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: HOUSEWIFE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 19/08/2019 09:05	Type of Location: X-Junction
Location: Along Road 1 NEW UPPER CHANGI ROAD				
At the traffic light junction of New Upper Changi Road and Bedok North Road near Blk 59 New Upper Changi Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SJY6747P	Car				Slightly Damaged	0
SKJ9136A	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190819/2127

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

2 of 4

Report No. T/20190819/2127

CONTINUATION OF REPORT

Driver			
Name	YONG CHING CHING ANGELA		ID No. S7506104H
Related Vehicle	SJY6747P (Car)		Contact No. 90888180
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			
Name	HENG KOK CHIANG		ID No. S1189892J
Related Vehicle	SKJ9136A (Car)		Contact No. 97378997
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 19/08/2019 at about 0904hrs, I was driving along New Upper Changi Road after dropping off my husband. After I had passed the traffic light junction of New Upper Changi Road and Bedok North Road, the vehicle in front of me had its brake lights on and was slowing down. I followed suit and slowed my vehicle down as well.

While I was still in the midst of braking the vehicle, I felt an impact from the rear of my vehicle. I noticed that a white Audi had collided his vehicle into mine. I remained in my vehicle to check if there were any other collisions other than from the rear. I turned on the hazard lights and checked it was safe before I alighted from the vehicle. I went to make a check on the damages on my vehicle and noted that the entire rear of my vehicle was scratched and dented in several places. My vehicle's sensor cap dropped off as well. I then noted that the white Audi's vehicle front was rather dented, and the hood could not close properly.

I then spoke to the driver of the white Audi briefly and took photographs of the scene on my handphone. We then agreed to park along the roadside after the traffic light to discuss the matter in order to not hold up traffic. After shifting the vehicles, we then agreed to settle the matter by claiming insurance and we exchanged particulars. No Police or Ambulance arrived at scene.

I wish to state that traffic was relatively light at that time. I reviewed the in-car camera footage and noted that the accident was captured. I will be proceeding to lodge a claim with my insurance agency for my vehicle damages. After I had calmed down, I feel pains on my neck area, shoulder areas and upper back area. There is also some discomfort in my legs. I will be seeing a doctor after lodging this report.



**SINGAPORE
POLICE FORCE**



T/20190819/2127

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

3 of 4

Report No. T/20190819/2127

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190819/2127

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

4 of 4

Report No. T/20190819/2127

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 / Sgt 3 NG WILSON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/08/2019 15:19
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 080
 SINGAPORE POLICE FORCE SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



19.08.2019 17:47

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



19.08.2019 17:47

Accident Photo



Accident Photo



Accident Photo

