

## 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	02/09/2019 17:51
Date Of Accident	31/08/2019 02:55
Exact Location Of Accident	NEW MARKET RD & HAVELOCK RD JUNC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4441D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHOU LITING CLARIS
NRIC No	S8441348H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82827742
Alternative Phone No	OFFICE-82827742

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	A 29098205 AVW
Cover Note Number	-

### Driver

Name of Driver	ZHOU LITING CLARIS
NRIC No	S8441348H
Date Of Birth	31/12/1984
Occupation	INDOOR
Date Of Driving Pass	13/11/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82827742
Fax Number	
Contact Number	OFFICE-82827742
Email Address	NOEMAIL

Address	BLK 366 BT BATOK ST 31 #08-271
Postcode	650366
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 - CROSS JUNCTION
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	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

REFER TO POLICE REPORT T/20190902/7008

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6767R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANUAR BIN OTHMAN
NRIC/Passport Number	S2007837E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ZHOU LITING CLARIS
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME4441D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

SKETCH PLAN


VEHICLE NO.: SME 4441 D  
INSURER : MSIG Insurance  
DATE & TIME: 31/08/2019 0253 hrs


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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:

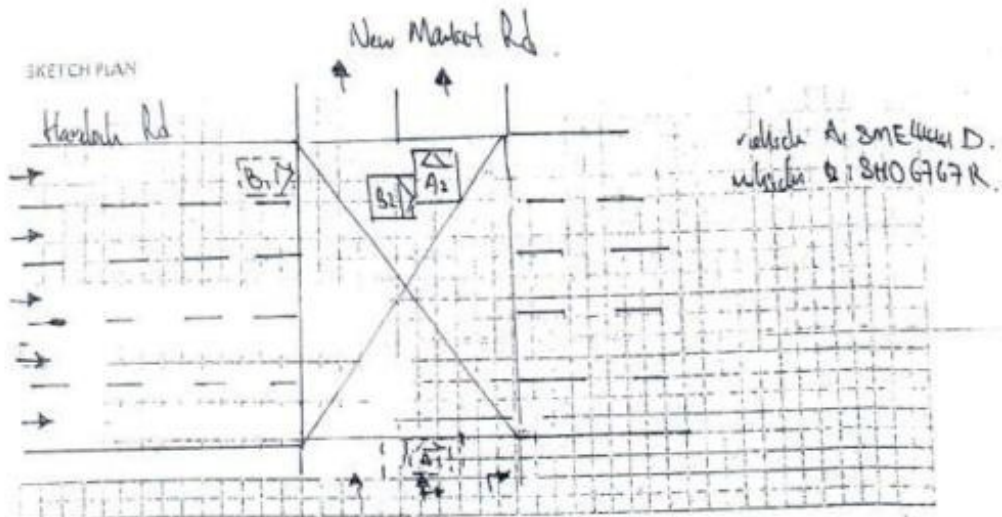
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Refer to Police Report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### DECLARATION

(We declare that 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/IRN No.:

☐ Claim Own Policy    ☒ Claim Third Party    ☐ Reporting Only  
☒ Claim 3rd TP at other workshop (JWC International Pte Ltd)

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190902/7008

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

1 of 3

Report No. T/20190902/7008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2019 11:51	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: ZHOU LITING, CLARIS			Address: APT BLK 366 BUKIT BATOK STREET 31 #08-271 SINGAPORE 650366		
ID Type / ID No.: NRIC NO / S8441348H			Contact No.: Home/Office: Mobile: 82827742		
Nationality: SINGAPORE CITIZEN			Email: claris.chow@gmail.com		
Sex: Female	Age: 34	Date of Birth: 31/12/1984	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Business development 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: 31/08/2019 02:50	Type of Location: X-Junction
Location:  NEW MARKET ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6767R	Car	HYUNDAI		Blue	Seriously Damaged	4
SME4441D	Car	VOLKSWAGO N	GOLF TSI TL	Black	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME4441D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A50507910	28/09/2018	27/09/2019



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190902/7008

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

2 of 3

Report No. T/20190902/7008

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ZHOU LITING, CLARIS	ID No.	S8441348H
Related Vehicle	SME4441D (Car)	Contact No.	82827742
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/08/2019	Date Discharge	31/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

### Brief Details:

On the stated time and date, I, driving vehicle number SME4441D was travelling straight at the cross junction of New Market Road & Havelock Road towards Merchant Road when the traffic light was in my favour. Suddenly, Vehicle number SHD6767R collided onto the rear left hand portion of my vehicle causing damages. I have video footage supporting my statement.

On the following day, I visited Mount Alvernia Hospital as I was feeling unwell and was given 5 days of MC.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190902/7008

3 of 3

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

Report No. T/20190902/7008

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SHARIFAH NOR FARIZAN BINTE SYED MOHD  
SAID  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
02/09/2019 11:51

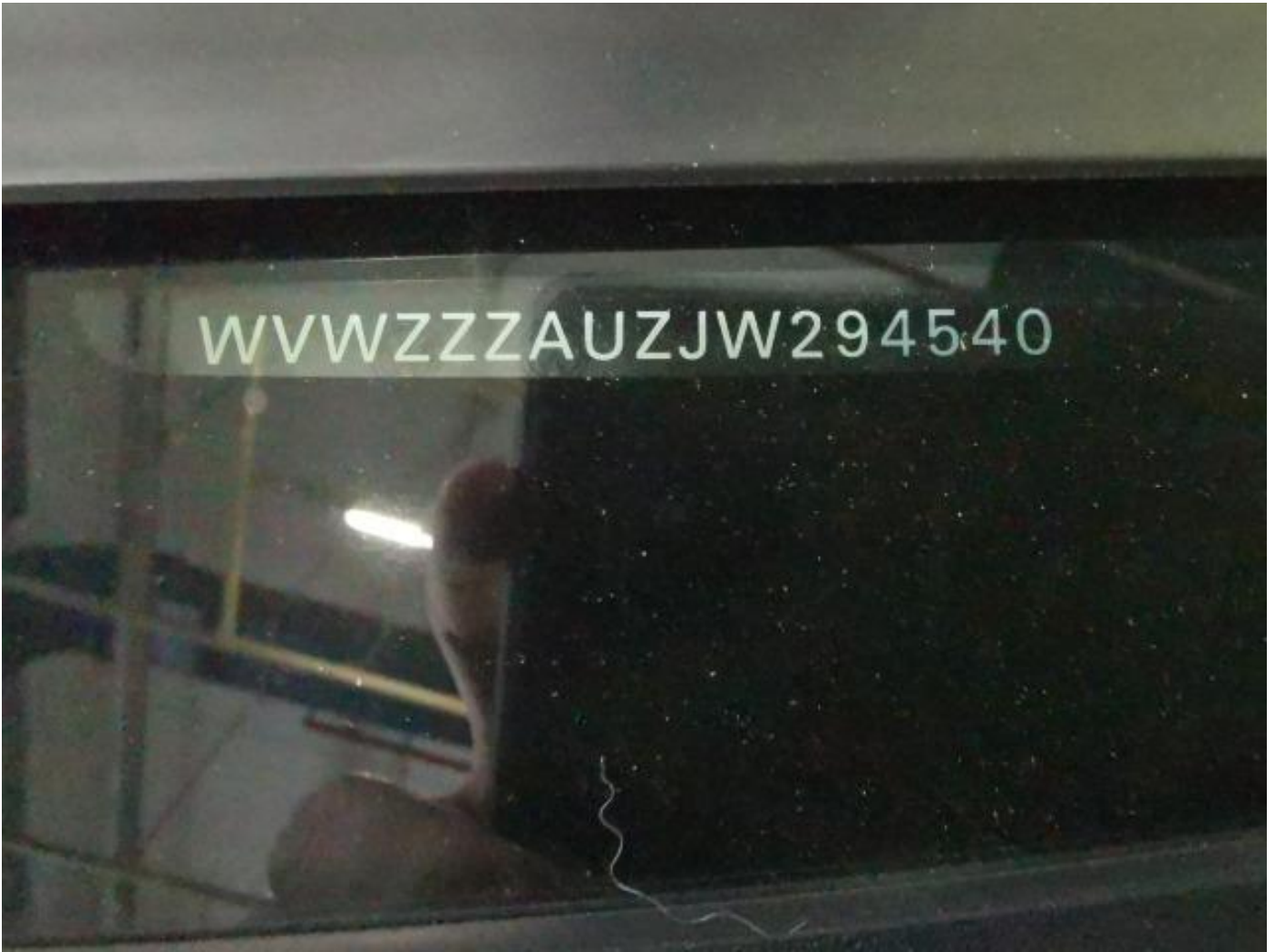
Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

