

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	09/09/2019 18:21
Date Of Accident	09/09/2019 06:45
Exact Location Of Accident	JUNCTION OF UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB7016R
Insured/Policyholder	
Name Of Registered Owner	HPC BUILDERS PTE LTD
Co Reg No	-
Email Address	TANWEEHANG@NPC.SG
Mobile Phone No	(LOCAL) +65-82233488
Alternative Phone No	OFFICE-62277927

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29127208 MCX
Cover Note Number	

Driver

Name of Driver	TAN WEE HANG (CHEN WEIHAN)
NRIC No	S6819402D
Date Of Birth	14/05/1968
Occupation	INDOOR
Date Of Driving Pass	30/07/1990
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82233488
Fax Number	
Contact Number	OFFICE-62277927
Email Address	TANWEEHANG@NPC.SG

Address	BLK 507A WELLINGTON CIRCLE #11-152
Postcode	751507
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE6737Z
Vehicle Make/Model/Colour	MITSUBISHI COLT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG JIA WEN
NRIC/Passport Number	
Contact Number	97573336
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

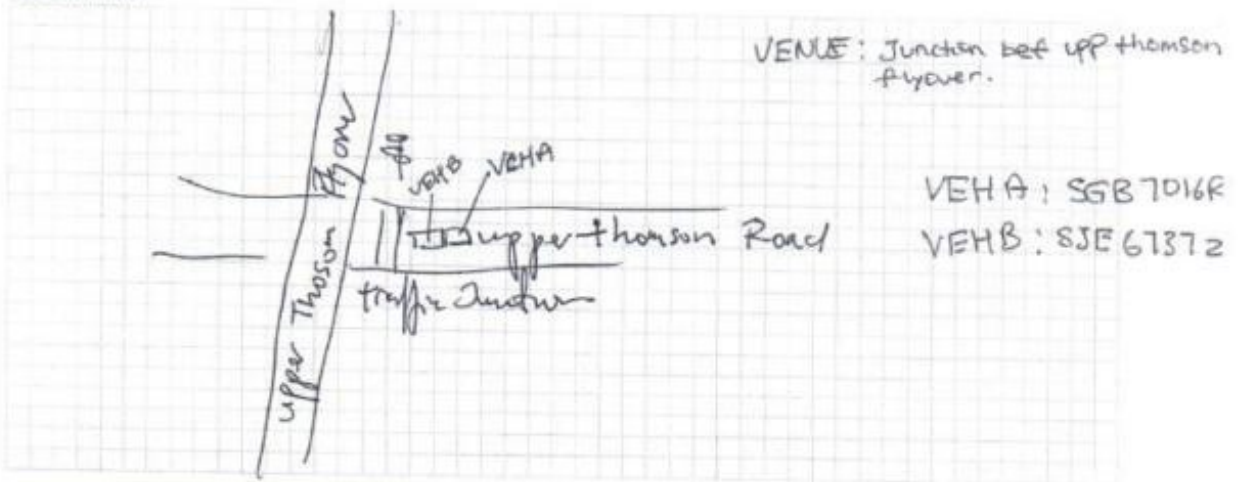
SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

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Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

9 sept 19, 6:45 am. Car number SJE 67372 ~~stop~~ make emergency brake at traffic junction at upper Thomson Road @ Amber light. My car SGB 7016R followed behind unable to brake on time hit the back of mentioned vehicle. There were damage on back of SJE 67372 no body hurt during the accident.

DECLARATION

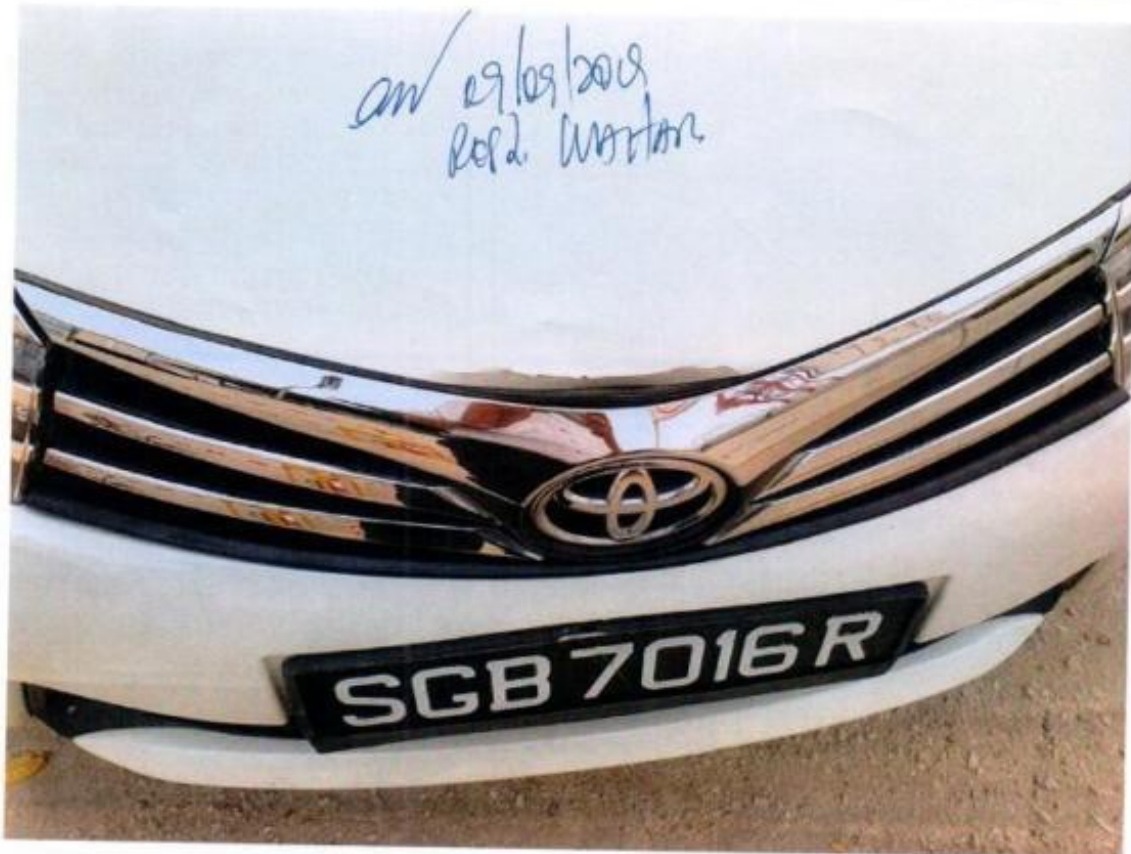
I/We declare the foregoing particulars are true in every respect.



Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/9/19

Reporting Centre Personnel's Signature
Name: [Signature]
NRI/FIN No.: [Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

