

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	07/09/2019 11:57
Date Of Accident	02/09/2019 18:00
Exact Location Of Accident	LOWER KENT RIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS5241H
Insured/Policyholder	
Name Of Registered Owner	CUI SHULI
NRIC No	S2698192A
Email Address	CSL79SHIRLY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83981071
Alternative Phone No	OFFICE-81252314

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 CLBMT 90 TSI D7F
Exact Purpose for which vehicle was being used at time of accident	
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 8043 0484 AVW
Cover Note Number	

Driver

Name of Driver	XU PEICHANG
NRIC No	S2701687A
Date Of Birth	26/04/1957
Occupation	INDOOR
Date Of Driving Pass	25/06/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83981071
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 356 CLEMENTI AVE 2 #19-281
Postcode	S120356
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

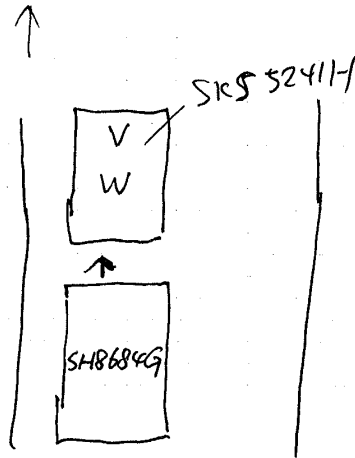
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8684G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG CHONG PENG
NRIC/Passport Number	S7506349J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN



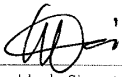
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

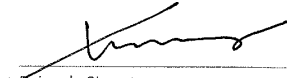
Refer to police report.


Third party detail: Name: Wong Chong Peng; IC: S7506349J

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.:

Sketch Plan Pg. 2

SKETCH PLAN

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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.



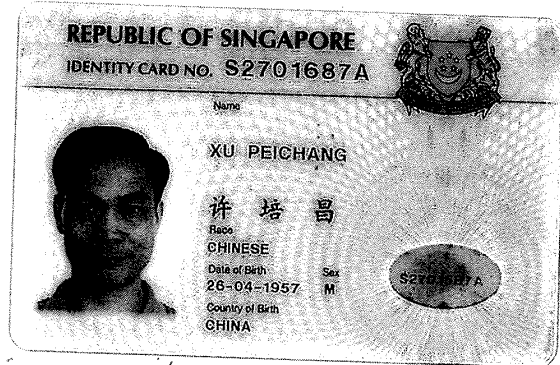
Policyholder's Signature
Date & Time:



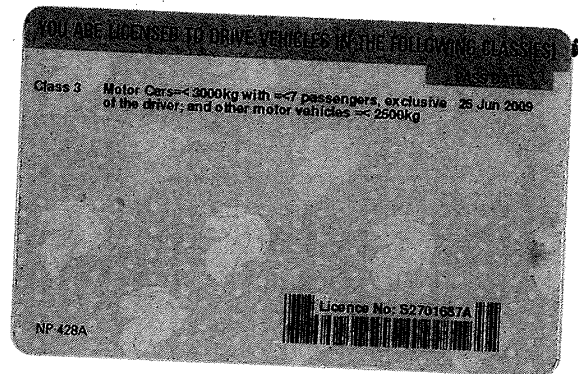
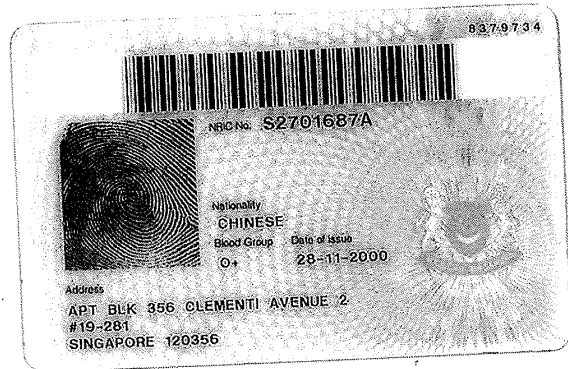
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



Sketch Plan Pg. 4





**SINGAPORE
POLICE FORCE**



D/20190906/2076

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POLICE REPORT (NP299)

Report No. D/20190906/2076

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Date/Time Report Made 06/09/2019 21:14	Vide Report No.	Station Diary No. 160
Name Of Informant XU PEICHANG	Address APT BLK 356 CLEMENTI AVENUE 2 #19-281 SINGAPORE 120356	
ID Type / ID No. NRIC NO / S2701687A	Contact No. Home/Office	Mobile 83981071
Nationality CHINESE	Email Address	
Occupation Traditional chinese medicine acupuncturist	Sex Male	Age 62
Institution/School Name	Date of Birth 26/04/1957	Race Chinese
Date/Time Of Incident 02/09/2019 18:00	Location Of Incident LOWER KENT RIDGE ROAD SINGAPORE	

Brief details.

On the 02/09/2019 at around 1800hrs, I was heading home from work and I was driving my vehicle Grey Volkswagen (SKS5241H) along Lower Kent Ridge road towards Clementi road near to bus stop 18321 (Opp University Health Ctrl).

There was heavy traffic at that point of time, while my vehicle is stationary the vehicle from behind Blue colored taxi (SH8684G) knocked onto the rear of my vehicle. We both came out of the vehicle to exchange particulars, the other driver namely Mr Wong Chong Peng H/P: 90991208 he offered to settle

Signature Of Officer Recording The Report: D / Sgt 1 HENG BOONCHAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2019 21:14
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LIM XIN YI Contact No.: 68727232	Classification Of Case:

Authentication Stamp

<p>SINGAPORE POLICE FORCE</p> <p>SN 37</p> <p>SIGNATURE</p>



**SINGAPORE
POLICE FORCE**



D/20190906/2076

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

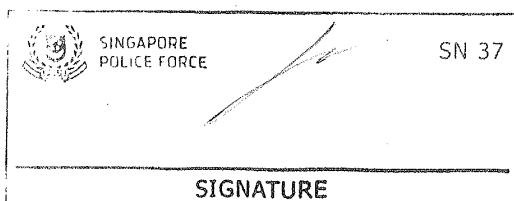
Report No. D/20190906/2076

the matter privately between us and did not want to go through insurance claiming. He informed that we are to send our vehicle for repair and to pass him the receipt in person and he would pay for the damages. He did inform that he might not be able to pay the full cost, as he does not have so much money at the moment. As we are busy with work we only managed to repair our vehicle on the 05/09/2019 at Volkswagen located at (247 Alexandra Rd). We contacted the number that was provided by him via WhatsApp and phone call however he did not reply or answer to our calls. We now decided to do insurance claiming.

I am lodging this report purely for insurance claiming.

Signature Of Officer Recording The Report: D / Sgt 1 HENG BOONCHAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2019 21:14
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LIM XIN YI Contact No.: 68727232	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card



Accident Photo



Accident Photo



Accident Photo

