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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	30/09/2019 16:33
Date Of Accident	29/09/2019 11:30
Exact Location Of Accident	ALONG AYE TWDS TUAS(SPEED CAMERA) B4 CLEMENTI EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS5955U
Insured/Policyholder	
Name Of Registered Owner	YAP WEI LING(YE HUILING)
NRIC No	S7727226G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96817388
Alternative Phone No	OFFICE-96817388
Vehicle Particulars	
Manufacturer	BMW
Model	5301
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 90370287 DMA
Cover Note Number	
Driver	
Name of Driver	TAN CHOON HOCK (CHEN JUNFU)

NRIC No S7508908B Date Of Birth 20/03/1975 Occupation **INDOOR** 05/06/1998 **Date Of Driving Pass**

Driving Experience 21 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91860391

Fax Number **Contact Number**

EMail Address NOEMAIL

3 WEST COAST DR #11-01 Address

Postcode 128021 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 SIDE SWIPE 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?

YES

NO

4

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: YAP WEI LING

GENDER: : FEMALE

Passenger 2

Passenger 1

NAME: : TAN YU XUAN

GENDER: : MALE

Passenger 3

NAME: : TAN YU DE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name **CLEMENTI N.P.C**

Police Station Address

ROAD: 20 CLEMENTI AVE 5, POSTCODE: 129858, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT. T/20190930/2002

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

- IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

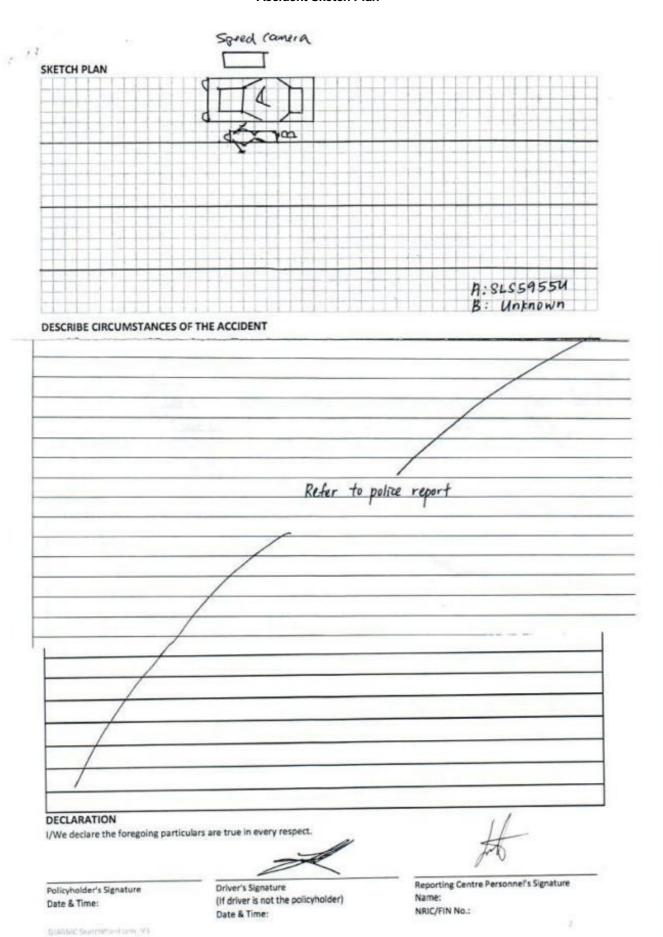
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

Accident Sketch Plan



POLICE REPORT





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

1 of 3 Report No. T/20190930/2002

	ne Report M 019 00:52	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars -	and the second			
	f Informant: IOON HOC		Address: 3 WEST COAST DRIVE #11-01 SINGAPORE 128021			
ID Type / ID No.: NRIC NO / S7508908B			Contact No.: Home/Office:	Mobile: 91860391		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 20/03/1975	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: SAFETY OFFICER			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/09/2019 11:30	Type of Location Straight Road	
	EXPRESSWAY	amera) before Clement Road Surface: Dry	Road Exit	Road Speed Limit:	
Traffic Flow: Tr.		Traffic Control:		Traffic Volume: Light	
One Way		Type of Collision: Between Moving Vehicles - Head To Rear			

Vehicle No.	Тура	Make	Model	Color	Condition	No of Passenge
SLS5955U	Car	BMW		White	Slightly Damaged	3
	Motorcycle		5		2.4	1

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

POLICE REPORT



T/20190930/2002

Police Station Of Origin: Clementi N.P.C 2 of 3 Report No. T/20190930/2002

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Driver		1000	5 8 J. O. T. C. C.	S1242		
Name	TAN CHOON HOCK	(ID No		S7508908B
Related Vehicle	SLS5955U (Car)			Conta	ct No.	91860391
Hospital/Clinic	NIL			Class Drivin Licen Expiry	9	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	1100011111	Date Disci	harge	NIL	
No. of Days granted Medical Leave NIL		Degree of				
Rider	第一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		6.50 PH 92 PH 10 PH	55590.00	A CASTO	
Name	Unknown Rider		1	ID No		NIL
Related Vehicle	(Motorcycle)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 29.09.2019 at about 1130hrs, I was driving SLS5955U along AYE towards Tuas on the 1st lane of 4 lanes. As I was nearing the speed camera, a motorcycle hit onto the left passenger door. After the collision occurred, I saw the motorcycle rider heading towards the 3rd lane and I also follow through. As on the 3rd lane, I did put on hazard light and subsequently the rider speed off.

There is an in-car camera in my vehicle and I believed it did capture the motorcycle number plate but I had yet to view it.

POLICE REPORT





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SING 3 of 3 Report No. T/20190930/2002

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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: D / Sr Staff Sgt MOHAMED SHAHRIZAN BIN JUMADI	7	Signature Of Informant:			
Signature Of Interpreter: Not applicable		Date/Time: 30/09/2019 00:52		Ж	
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID		Classification Of Case:			
Contact No.: 65476145 Authentication Stamp		GAPORE .	SN 37		
NP168		SIGNATURE			







