

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	16/10/2019 13:40
Date Of Accident	15/10/2019 22:00
Exact Location Of Accident	TAMPINES AVE 2 AFTER TAMPINES ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5711S
Insured/Policyholder	
Name Of Registered Owner	E-KARZ RENTAL PTE LTD
Co Reg No	201608381M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68425988

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	A28927339MKF
Cover Note Number	

Driver

Name of Driver	ONG DAVID
NRIC No	S1751333H
Date Of Birth	30/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83057080
Fax Number	
Contact Number	OFFICE-83057080
Email Address	NOEMAIL

Address	27 TAMPINES STREET 86 #12-24 THE SANTORINI
Postcode	528570
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191016/2013.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP1622R
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) 1

Accident Sketch Plan

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.



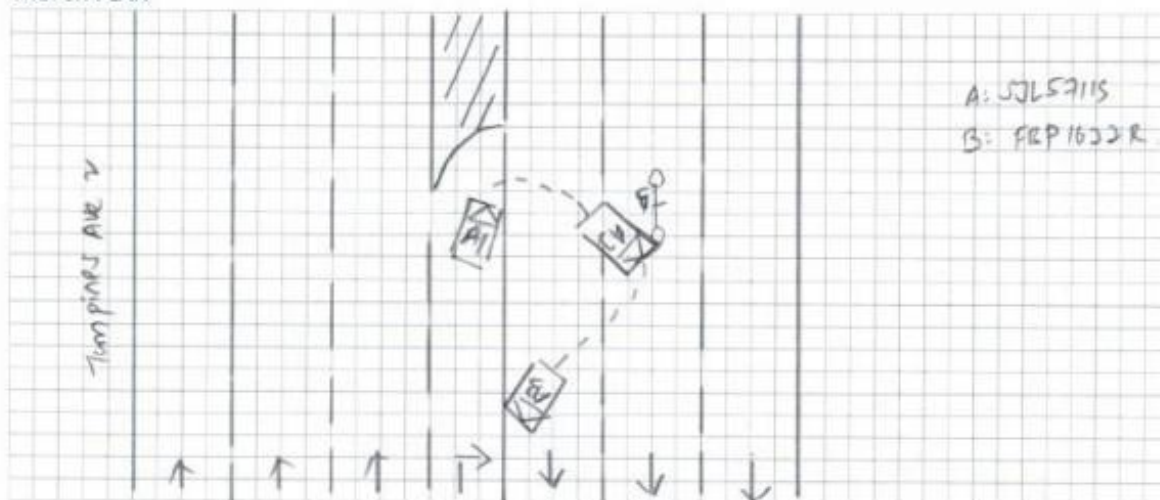
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police report - 7/20/2016/2017

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191016/2013

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20191016/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2019 01:49		Vide Report No.: G/20191015/0213		Station Diary No.: 18
Informant's Particulars				
Name of Informant: ONG DAVID		Address: 27 TAMPINES STREET 86 #12-24 THE SANTORINI SINGAPORE 528570		
ID Type / ID No.: NRIC NO / S1751333H		Contact No.: Home/Office: Mobile: 83057080		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 30/05/1966	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/10/2019 22:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 2 after tampines street 22 Lamp Post Number: 25			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1622R	Motorcycle					0
SJL5711S	Car				Seriously Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
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T/20191016/2013

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3

Report No. T/20191016/2013

CONTINUATION OF REPORT

Driver			
Name	ONG DAVID		ID No. S1751333H
Related Vehicle	SJL5711S (Car)		Contact No. 83057080
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	AUDREY ONG HUILING		ID No. S9612070B
Related Vehicle	SJL5711S (Car)		Contact No. 97598887
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 16/10/2019 at about 2205hrs, I was driving a rental car (bearing registration number: SJL5711S) along Tampines Avenue 2 after Tampines Street 22. There was a u-turn sign there and a car was attempting to make a u turn. The said car in front make u-turn and I followed suit and stopped at the stop sign. I check that traffic was clear and I slowly moved out to make a u turn. Suddenly, I saw a motorcycle (registration plate: FBP1622R) from the oncoming direction and I stopped my vehicle.

At that point of time, my front portion of my vehicle was in lane number and the said motorcycle collided into it. The motorcyclist flung forward about 2 meters from the vehicle. There was a police car nearby and the officers alight to assist us. Subsequently, an ambulance and traffic police came. The ambulance conveyed the said motorcyclist and I was not able to exchange particulars with him.

My car sustained dents and cracks at the front left portion of the vehicle and was towed away. The traffic police then asked me to lodge a traffic accident report on the matter.

I wish to state that my car has an in car camera (facing front of vehicle) and was operational during the accident.

Police Report



SINGAPORE
POLICE FORCE



T/20191016/2013

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20191016/2013

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:

G /

Sgt 2 MUHAMMAD SYARAFUDDIN BIN
SHARIFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/10/2019 01:49

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

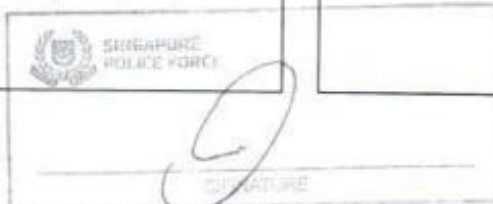
Contact No.:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168



Accident Photo



Accident Photo



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