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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.

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ACCIDENT STATEMENT

Date Of Report	14/10/2019 08:31
Date Of Accident	12/10/2019 13:30
Exact Location Of Accident	ADAM ROAD BUKIT TIMAH JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1715S
Insured/Policyholder	
Name Of Registered Owner	TANG WAI LING JANE
NRIC No	S1767521D
Email Address	JANENBLOND@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96607960
Alternative Phone No	OFFICE-96607960

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN R-LINE 2.0 TSI 162KW 4MOTION DSG
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

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

Driver

Name of Driver	LEE TONG HAN
NRIC No	S1767521D
Date Of Birth	26/12/1962
Occupation	INDOOR
Date Of Driving Pass	21/03/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96196612
Fax Number	
Contact Number	
EMail Address	BJAND@SINGNET.COM.SG

Address	72 KINGS DRIVE
Postcode	266439
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : TANG WAI LING JANE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 sketch plan

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB3122Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MUHAMMAD AIDILLAH BIN MESNAREP
NRIC/Passport Number	S8816665E
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to CD Card

1. My car stopped @ red light junction
2. Bus did not stop and hit me from rear.
3. No injuries.

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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. 5



**SINGAPORE
POLICE FORCE**



T/20191012/2063

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

1 of 3

Report No T/20191012/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2019 14:17			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: LEE TONG HIAN			Address: SINGAPORE 266439		
ID Type / ID No.: NRIC NO / S1522442H			Contact No.: Home/Office: Mobile: 96196612		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 26/12/1962	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: IT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 12/10/2019 13:30	Type of Location: Straight Road
Location: Along Road 1 ADAM ROAD BUKIT TIMAH ROAD ADAM ROAD TOWARDS BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT1715S	Car				Slightly Damaged	0
SMB3122Y	Bus/Coach/Minibus					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191012/2063

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

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Report No. T/20191012/2063

CONTINUATION OF REPORT

Driver			
Name	LEE TONG HIAN		ID No. S1522442H
Related Vehicle	SLT1715S (Car)		Contact No. 96196612
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

Brief Details.

On 12/10/2019 at about 1330hrs, I was in my vehicle (SLT1715S) stationary stop along Adam Road turning right towards Bukit Timah Road. I was at the left right turn lane and the traffic light was red light, suddenly I felt a jerk at the rear of my vehicle and thereafter, I noticed that a SBS Transit bus (SMB3122Y) had knocked on my rear. However, at this point of time I do not require any medical attention.

However, we both stepped out of the vehicle and exchanged phone number and subsequently, I drove off as I do not want to congest the traffic. I noticed that my rear right bumper was hit squarely on it, however the bus front right bumper was damaged.

I have an in-car camera installed at the front and the rear. Video footages were captured as well.

We both then agreed to settle via insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20191012/2063

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

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Report No. T/20191012/2063

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: E / Sgt 1 CHAN WEI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/10/2019 14:17
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LU Contact No.: 65476151	Classification Of Case: SN 170
Authentication Stamp NP168	<div data-bbox="526 1803 1013 2004" data-label="Text">  <p>SINGAPORE POLICE FORCE</p> <p>SIGNATURE</p> </div>