

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	14/10/2019 10:45
Date Of Accident	12/10/2019 12:10
Exact Location Of Accident	KPE TWDS CITY B4 PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7507Y
Insured/Policyholder	
Name Of Registered Owner	QUEK CHEE WEI
NRIC No	S7144698J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98789567
Alternative Phone No	OTHERS-98789567

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
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	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	P 90303734 DMA
Cover Note Number	

Driver

Name of Driver	QUEK CHEE WEI
NRIC No	S7144698J
Date Of Birth	15/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2002
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98789567
Fax Number	
Contact Number	OTHERS-98789567
EEmail Address	NOEMAIL

Address	BLK 45B EDGEFIELD PLAINS #08-11
Postcode	828712
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : MYO QUEK XIANG KAI GENDER: : MALE
Passenger 2	NAME: : MYU QUEK JIANG XUAN GENDER: : FEMALE
Passenger 3	NAME: : KWANG SHWEE GEOK GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191014/2154

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6832U
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE CHAN FAI,ANTHONY

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMJ5006U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM LENG TECK

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

QUEK CHEE WEI

Approximate Age

Injuries Sustain

NECK PAIN & GIDDY

Injured person in which vehicle?

SJM7507Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan


SKETCH PLAN

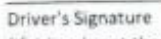
IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
7. By the lodgment 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 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:

 14/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/10/2019 at about 1207hrs I was driving my vehicle (A: SJM 7507Y) on the first lane along KPE towards CTE direction before PIE exit. The vehicles in front of me slowed down and stopped due to heavy traffic. and I follow suit. Suddenly, an impact on my vehicle's rear portion. I alighted and discovered that is a chain collision total involve 3 vehicles. A vehicle (C: SMJ 5006U) hit onto rear portion of vehicle (B: SLQ 6832U) and vehicle B hit onto rear portion of my vehicle. After the accident, I felt giddy and neck pain.

Vehicle A (SJM 7507Y) - 1 male children, 1 female children and 1 female adult on board.

Vehicle B (SLQ 6832U) - 2 passenger on board.

Vehicle C (SMJ 5006U) - unknown.

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20191014/2154

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Report No. T/20191014/2154

CONTINUATION OF REPORT

Brief Details.

On the 12/10/2019 at about 1207hrs, I was driving my vehicle bearing SJM7507Y on the first lane along KPE towards CTE direction before PIE exit. The vehicles in-front of me slowed down and stopped due to the heavy traffic flow and I follow suit. Suddenly, I felt the impact on my vehicle's rear. I alighted from my vehicle to make a check and discovered that there is a chain collision total of 3 vehicles involved. The vehicle are as follows:

- 1) SJM7507Y (myself)
- 2) SLQ6832U
- 3) SMJ5006U

I wish to state that no Traffic police attended at scene. No one is conveyed by the ambulance. All 3 drivers exchanged particulars and took photos at scene. After the accident, I felt giddy and neck pain. I went to make a check and was given 03 days of MC by the doctor and suffered a whiplash. There is in-car camera in my vehicle. That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191014/2154

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828637
Tel No: 1800-6049999

1 of 4

Report No. T/20191014/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 17:48	Video Report No.:	Station Diary No.: 75
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Informant's Particulars				
Name of Informant: QUEK CHEE WEI			Address: APT BLK 45B EDGEFIELD PLAINS #08-11 SINGAPORE 828712	
ID Type / ID No.: NRIC NO / S7144888J			Contact No.: Home/Office: Mobile: 98789567	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 15/12/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/10/2019 12:10	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY Along KPE towards CTE direction before PIE exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SJM7507Y	Car	SUBARU	IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG	Silver	Slightly Damaged	3
SLQ6832U	Car	MITSUBISHI	ATTRAGE 1.2 CVT	White	Slightly Damaged	2
SMJ5006U	Car	KIA	CERATO 1.6(A) EX	Red	Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20191014/2154

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20191014/2154

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJM7507Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	90303734	15/01/2019	14/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	QUEK CHEE WEI		ID No.	S7144698J
Related Vehicle	SJM7507Y (Car)		Contact No.	98789567
Hospital/Clinic	PROHEALTH MEDICAL GROUP @PUNGGOL SPECTRA PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/10/2019		Date Discharge	12/10/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	LIM LENG TECK		ID No.	S7881200A
Related Vehicle	NIL		Contact No.	NIL
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
Driver				
Name	LEE CHAN FAI		ID No.	S7827983D
Related Vehicle	NIL		Contact No.	NIL
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

Police Report



**SINGAPORE
POLICE FORCE**



T/2019/014/2154

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-8049999

3 of 4

Report No. T/2019/014/2154

CONTINUATION OF REPORT

Brief Details.

On the 12/10/2019 at about 1207hrs, I was driving my vehicle bearing SJM7507Y on the first lane along KPE towards CTE direction before PIE exit. The vehicles in-front of me slowed down and stopped due to the heavy traffic flow and I follow suit. Suddenly, I felt the impact on my vehicle's rear. I alighted from my vehicle to make a check and discovered that there is a chain collision total of 3 vehicles involved. The vehicle are as follows:

- 1) SJM7507Y (myself)
- 2) SLQ6832U
- 3) SMJ5008U

I wish to state that no Traffic police attended at scene. No one is conveyed by the ambulance. All 3 drivers exchanged particulars and took photos at scene. After the accident, I felt dizzy and neck pain. I went to make a check and was given 03 days of MC by the doctor and suffered a whiplash. There is in-car camera in my vehicle. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191014/2154

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

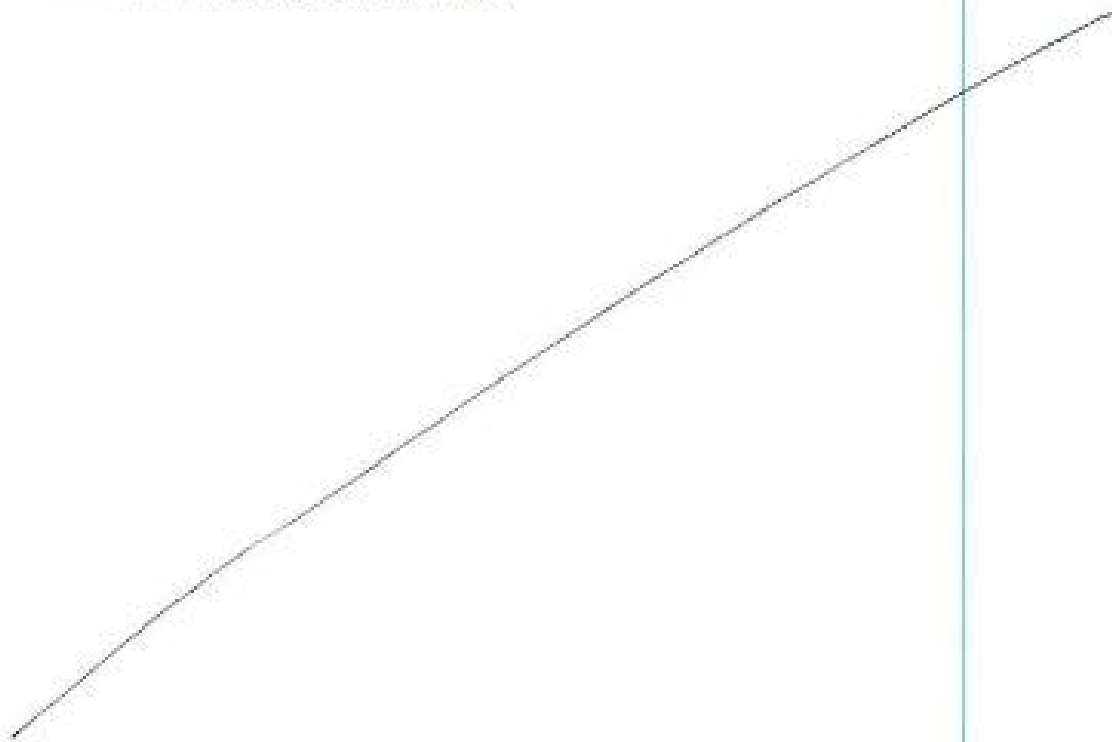
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Report No: T/20191014/2154

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
F /

Sgt 2 NUR EMILIAH BINTE HAZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/10/2019 17:48

Officer In Charge Of Case:

TP / AEU /

Staff Sgt TONG SIEU LUI

Contact No: 65476151

SN 085

Signature:

Authentication Stamp

NP165 Singapore Police Force

Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119135711 Vehicle Registration No: SOM7567Y
Name(as shown in NRIC) : Quak Chee Wei NRIC/FIN/Passport No : S7144698J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 12-10-2019 Time of Accident : 1210h
Place of Accident : KPE towards city before PTE exit.
Insurance Company: M&L Insurance (Singapore) Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach Police Report.

Policyholder / Driver's Signature
Date:

17/10/19

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