

# 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 Submission ..... 31/10/2019 15:14 (SGT)  
Date of Accident ..... 29/10/2019 19:15 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TWDS TUAS AFT PAYA LEBAR EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLB7987D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LU ZHI  
NRIC No ..... SXXXX179D  
Email Address ..... LYU80@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-83333806  
Alternative Phone No ..... +65-83333806

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... VEZEL  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... A 80429420 QMY  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LU ZHI  
NRIC No ..... SXXXX179D

Date Of Birth .....	08/12/1980
Occupation .....	Indoor
Date Of Driving Pass .....	13/06/2014
Driving experience .....	5 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83333806
Alt. Phone Number .....	+65-83333806
Email Address .....	LYU80@HOTMAIL.COM
Address .....	BLK 533 BUKIT PANJANG RING RD #22-805
Address complement .....	-
Postcode .....	670533
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police Division Hq
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20191031/7012

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLS9026A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... LU ZHI  
Address .....  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

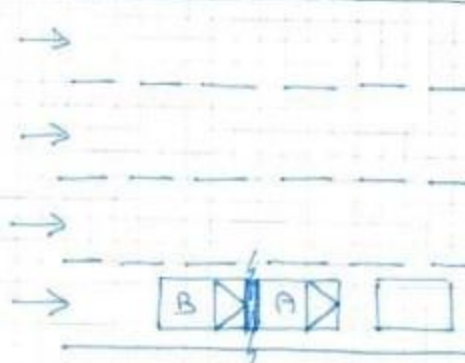
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

PIE Toward Tuas, after Paya Lebar Exit.

Vehicle A  
- SLB 7987D

Vehicle B  
- SLS 9026A



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving along PIE toward Tuas direction. I was on the extreme right lane.

While driving straight ahead, and due to the heavy traffic, the vehicle in front brake to complete stop. And so I too applied brake to complete stop. Suddenly after a few seconds, I felt a great impact from the rear of my vehicle. ~~For~~ For 2 times.

Alighted from my vehicle and realized it was a vehicle with licence plate number (SLS 9026A) collided to the rear of my vehicle.

Vehicle A - SLB 7987D

Vehicle B - SLS 9026A.

**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.:



























**SINGAPORE  
POLICE FORCE**



T/20191031/7012

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

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Report No. T/20191031/7012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/10/2019 13:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LU ZHI			Address: APT BLK 533 BUKIT PANJANG RING ROAD #22-805 SINGAPORE 670533		
ID Type / ID No.: NRIC NO / S8060179D			Contact No.: Home/Office: Mobile: 83333806		
Nationality: CHINESE			Email: lyu80@hotmail.com		
Sex: Male	Age: 38	Date of Birth: 09/12/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 29/10/2019 19:15	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
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
SLB7987D	Car	HONDA	Vezel	Silver	Seriously Damaged	1
SLS9026A	Car	TOYOTA	Wish	Orange	Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20191031/7012

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

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Report No. T/20191031/7012

**CONTINUATION OF REPORT**

Driver			
Name	LU ZHI	ID No.	S8060179D
Related Vehicle	SLB7987D (Car)	Contact No.	83333806
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

**Brief Details.**

I was driving along PIE towards Tuas after Paya Lebar exit. The vehicle in front of me brake and stop, so I followed to brake and stop without any contact with the front vehicle. Suddenly I felt a huge impact followed by another impact from the rear of my vehicle. I got down and saw vehicle(SLS9026A) has hit onto the rear of my vehicle(SLB7987D). I proceeded to mount Alvernia hospital after the accident as I felt pain at my back and neck. I was warded after doctor checked on me.



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20191031/7012

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
31/10/2019 13:34

Classification Of Case:



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: S465506266 / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119144233 Vehicle Registration No: SLB 7987 D  
Name (as shown in NRIC) : LU ZHI @ LYU ZHI NRIC/FIN/Passport No : S8060179D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK333, #08-769, UBI AVE 1, SINGAPORE 400333 Singapore (400333 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 83333806  
Email Address : \_\_\_\_\_  
Date of Accident : 29-OCT-2019 Time of Accident : 1915HOURS  
Place of Accident : PIE TOWARDS TUAS AFTER PAYA LEBAR EXIT  
Insurance Company: MSIG 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:

I WISH TO INCLUDE MY EMAIL ADDRESS INTO MY ACCIDENT REPORT AS FOLLOWS:

lyu80@hotmail.com

22/03/2021  
Policyholder / Driver's Signature  
Date:

25/03/2021  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: