

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	18/11/2019 17:18
Date Of Accident	15/11/2019 17:45
Exact Location Of Accident	PIE TWRDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW287K
Insured/Policyholder	
Name Of Registered Owner	JAYVIS
Co Reg No	53364544A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96228585

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80471952 MCX
Cover Note Number	

Driver

Name of Driver	JAY TAN KEAT CHOW
NRIC No	S8770353C
Date Of Birth	27/05/1987
Occupation	INDOOR
Date Of Driving Pass	13/01/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96228585
Fax Number	
Contact Number	
E Mail Address	JAY.JIECHOW@OUTLOOK.COM

Address	BLK 977 JURONG WEST STREET 93 #04-369
Postcode	640977
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	4
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20191115/7023;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2163U ✓
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
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 SJP6241D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKC6575Y
Vehicle Make/Model/Colour B.M.W. / 318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JAY TAN KEAT CHOW
Approximate Age 32
Injuries Sustain
Injured person in which vehicle? SGW287K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address BLK 977 JURONG WEST STREET 93 #04-369
Postcode 640977

Accident Sketch Plan

SKETCH PLAN

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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:

[Signature]
Driver's Signature
(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67418697 Fax: 67492305
Reporting Centre
Name:
NRIC/FIN No.:

A = 56W237K C = 57X62410
B = 5482163U D = 6R06573K

SKETCH PLAN

4 3 2 1

A
B
C
D

↑ ↑ ↑ ↑

B = 2482143M

0 = 6K

REFER TO T/20191115/7023

I/We declare the foregoing particulars are true in every respect.



Jack

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sa

Reporting Centre Personnel's Signature

PLANTING:

NREIC/FIN No.:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191115/7023

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

1 of 3

Report No: T/20191115/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2019 22:12	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: JAY TAN KEAT CHOW			Address: APT BLK 977 JURONG WEST STREET 93 #04-369 SINGAPORE 640977		
ID Type / ID No.: NRIC NO / S8770353C			Contact No.: Home/Office: Mobile: 96228585		
Nationality: SINGAPORE CITIZEN			Email: jay.jiechow@outlook.com		
Sex: Male	Age: 32	Date of Birth: 27/05/1987	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Chemical engineering technician (petroleum and natural gas)			Driving Licence Information: Class: 3, 2B, 2A, 2		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2019 17:45	Type of Location: PIE TOWARDS CHANGI AIRPORT
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: Heavy
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
SGW287K	Car	HONDA	CIVIC	Silver	Slightly Damaged	0
SHB2163U	Car	HYUNDAI		Yellow	Slightly Damaged	1
SJP6241D	Car	TOYOTA	COROLLA ALTIS	Silver	Seriously Damaged	0
SKC6575Y	Car	BMW	318i	Silver	Seriously Damaged	0

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191115/7023

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

2 of 3

Report No. T/20191115/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JAY TAN KEAT CHOW	ID No.	S8770353C
Related Vehicle	SGW287K (Car)	Contact No.	96228585
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A BEARING CAR PLATE (SGW287K) WAS TRAVELLING FROM PIE TOWARD CHANGI AIRPORT. SUDDENLY, I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I STOPPED MY VEHICLE, WENT DOWN AND SAW VEHICLE B BEARING CAR PLATE (SHB2163U) COLLIDED ONTO THE REAR OF MY VEHICLE.

THE ACCIDENT ALSO INVOLVED WITH TWO OTHER VEHICLES, VEHICLE C, BEARING CAR PLATE (SJP6241D) AND VEHICLE D, BEARING CARPLATE (SKC6575Y)

I LIKE TO STATE, AFTER THE ACCIDENT I FELT SOME PAIN ON MY NECK AND SHOULDER. SO I WENT TO MOUNT ALVERNIA TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20191115/7023

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

3 of 3
Report No. T/20191115/7023

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 /
JUREMAH BINTE AHMAD
Contact No.: 65476219

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:
15/11/2019 22:12

Classification Of Case: