

## 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 15:32
Date Of Accident	18/11/2019 10:15
Exact Location Of Accident	ALONG ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1921P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	JENNIFER@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.5 HYBRID (A)
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?	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	YES
Policy Number	A28795104
Cover Note Number	

### Driver

Name of Driver	TING CHENG SING
NRIC No	S6814913D
Date Of Birth	12/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	03/04/1991
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889475
Fax Number	
Contact Number	
Email Address	WT88832@YAHOO.COM.SG

Address	BLK 320 HOUGANG AVE 5 #08-06
Postcode	530320
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	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)	2
Passenger 1	NAME: : PASSSENGER 1 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	HOUGANG NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1749S
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIA KIM LONG
NRIC/Passport Number	S1665109E
Contact Number	96900726
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

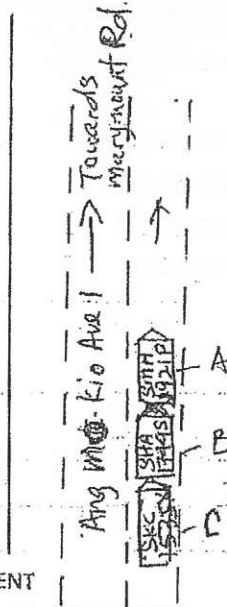
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SKC1535X
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YUN LIN
NRIC/Passport Number	S9732266Z
Contact Number	96392641
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

SKETCH PLAN



Amk Ave 10

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police reports attached

## 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.:

18/11/19

## Sketch Plan Pg. 2

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.:



**SINGAPORE  
POLICE FORCE**



T/20191118/2093

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

1 of 4

Report No. T/20191118/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/11/2019 13:57		Vide Report No.:		Station Diary No.: 12
<b>Informant's Particulars</b>				
Name of Informant: TING CHENG SING		Address: APT BLK 320 HOUGANG AVENUE 5 #08-06 SINGAPORE 530320		
ID Type / ID No.: NRIC NO / S6814913D		Contact No.: Home/Office: Mobile: 93889475		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 12/05/1968	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		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: 18/11/2019 10:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 1 ANG MO KIO AVENUE 10 T-Junction of Ang Mo Kio Avenue 1 and Ang Mo Kio Avenue 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
SHA1749S	Car				Slightly Damaged	0
SKC1535X	Car				Slightly Damaged	0
SMH1921P	Car				Slightly Damaged	1

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20191118/2093

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20191118/2093

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA KIM LONG	ID No.	S1665109E
Related Vehicle	SHA1749S (Car)	Contact No.	96900726
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	NG YUN LIN	ID No.	S9732266Z
Related Vehicle	SKC1535X (Car)	Contact No.	96392641
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	TING CHENG SING	ID No.	S6814913D
Related Vehicle	SMH1921P (Car)	Contact No.	93889475
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	Slight

**Brief Details.**

On 18/11/2019 at about 1015hrs, I was driving a white Toyota Prius Hybrid (SMH1291P) along Ang Mo Kio Avenue 1, at the T-Junction of Ang Mo Kio Avenue 1 and Ang Mo Kio Avenue 10.

It just turned green light when I was about to move off. I suddenly felt a heavy impact from the rear. I got out of my car and realised that my vehicle was involved in 3-car collision. The vehicle just behind me was one Comfort taxi (SHA1749S) while the last car was one light blue car (SKC1535X).

The collision resulted in my rear bumper to be slightly dislodged. I felt neck and shoulder ache from the



**SINGAPORE  
POLICE FORCE**



T/20191118/2093

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Police Station Of Origin:  
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SINGAPORE 530357  
Tel No: 1800-2869999

Report No. T/20191118/2093

**CONTINUATION OF REPORT**

whiplash. I then proceeded to Healthcare Hougang Medical Clinic (Blk 311 Hougang Avenue 5 #01-191) to seek medical treatment and was granted 3 days of medical leave from 18/11/2019 to 20/11/2019. My female passenger felt similar symptoms as me. I am currently feeling slightly giddiness and blurry vision.

There was no Police or ambulance at scene. There is rear dashcam installed in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20191118/2093

Police Station Of Origin:  
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SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20191118/2093

**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 LIM ENJIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/11/2019 13:57

Classification Of Case: