

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	04/12/2019 09:02
Date Of Accident	30/11/2019 13:05
Exact Location Of Accident	AYE (CITY) NEAR EXIT ALEXANDRA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ1214H
Insured/Policyholder	
Name Of Registered Owner	SJ MOTOR ENTERPRISE
Co Reg No	52838801X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97416543

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (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 CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A400000135MCX
Cover Note Number	

Driver

Name of Driver	LEE POH TIAN
NRIC No	S8944591D
Date Of Birth	06/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97416543
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 999B BUANGKOK CRESCENT #09-749
Postcode	S532999
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	COLLISION - HEAD TO REAR
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	2
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: : GOJEK PASSENGER 1 GENDER: : FEMALE
Passenger 2	NAME: : GOJEK PASSENGER 2 GENDER: : FEMALE
Passenger 3	NAME: : GOJEK PASSENGER 3 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191130/2157

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ1109Y
Vehicle Make/Model/Colour	HONDA VEZEL 1.5

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	OW GHEE MOOI
NRIC/Passport Number	S1436615F
Contact Number	96659211
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE POH TIAN
Approximate Age	
Injuries Sustain	7 DAYS MEDICAL LEAVE FROM SENGKANG GENERAL HOSPITAL, DISCOMFORT ON CHEST, NECK AND SHOULDER
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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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.

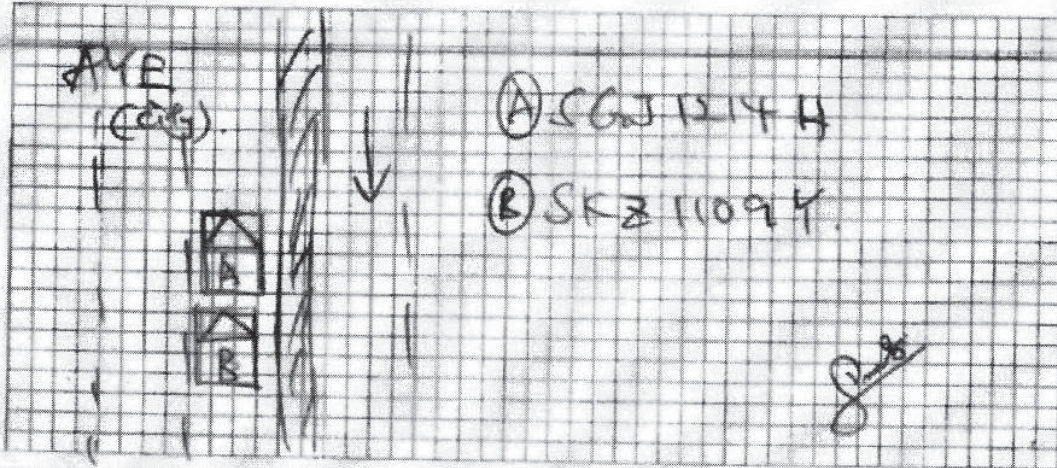

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


IDAC SIN MING VAC
385 Sin Ming Drive
Singapore 575718
Tel: 6455 5368 (ARC)
Fax: 6452 8621
Reporting Centre Personnel's Signature
Name
NR C/P IN No.

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report no. T/20191130/2157

[Signature]

DECLARATION

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

Policyholder's Signature
Date & Time:

GIACC SketchPlanForm_V1

Driver's Signature
(If driver is not the policyholder)
Date & Time:

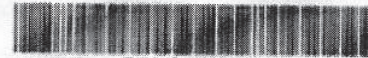
UDAC SIN MING (PAC)
305 Sin Ming Drive
Singapore 575718
Tel: 6455 5358 (ARC)
Fax: 6452 6821

Reporting Centre Person's Signature
Name
NOC/IN No.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191130/2157

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191130/2157

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2019 21:55		Vide Report No.:		Station Diary No.: 144	
Informant's Particulars					
Name of Informant: LEE POH TIAN		Address: APT BLK 999B BUANGKOK CRESCENT #09-749 SINGAPORE 532999			
ID Type / ID No.: NRIC NO / S8944591D		Contact No.:		Mobile: 97416543	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 29	Date of Birth: 06/12/1989	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GO JEK DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2019 13:05	Type of Location: Flyover
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY ALONG AYE TOWARDS CTE. NEAR TO ALEXANDRA EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
SGJ1214H	Car				Seriously Damaged	3
SKZ1109Y	Car				Slightly Damaged	2

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191130/2157

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191130/2157

CONTINUATION OF REPORT

Driver			
Name	LEE POH TIAN	ID No.	S8944591D
Related Vehicle	SGJ1214H (Car)	Contact No.	97416543
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	OW GHEE MOOI	ID No.	S1436815F
Related Vehicle	SKZ1109Y (Car)	Contact No.	96859211
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

Brief Details.

On 30/11/2019 at about 1305hrs, I was driving my vehicle (SGJ1214H) along AYE towards CTE. I was driving on the first lane of the expressway. During that point in time, the traffic was heavy and I was travelling at a slow speed. I could see that the vehicle in front were gradually stopping. As such, I managed to stop my vehicle as well. Suddenly, I felt an impact from the rear. I came out to make a check and observed that another vehicle bearing vehicle number: SKZ1109Y had collided with my vehicle. My vehicle rear was badly dent and the other vehicle front bonnet suffered a dent and some damage on the front bumper as well.

Based on my observation, my passenger, the other driver and her passenger did not mentioned any pain or discomfort during that point in time. No one suffered any visible injury too. Both of us exchange our particulars and took some photo before continuing with our journey. I carried on to send my passengers to their destination before sending my vehicle to the work shop. I also visited the hospital as I am feeling pain and discomfort on my chest, neck and shoulder region. I was given 7 days of MC.

I wish to inform that the in-vehicle camera is working and might have capture footage of the incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191130/2157

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191130/2157

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 KOH YEW WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/11/2019 21:55

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

