

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	18/12/2019 16:26
Date Of Accident	14/10/2019 11:40
Exact Location Of Accident	188 PANDAN LOOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2759X
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Insured/Policyholder

Name Of Registered Owner	ASIAWIDE PRINT HOLDINGS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66320022

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29086266 MKC
Cover Note Number	

Driver

Name of Driver	ER CHONG YEN
NRIC No	G2447176X
Date Of Birth	09/02/1990
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97397914
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 2 LOR 7 TOA PAYOH #07-31
Postcode	310002
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191014/2093

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	
Vehicle Make/Model/Colour	PEDESTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.



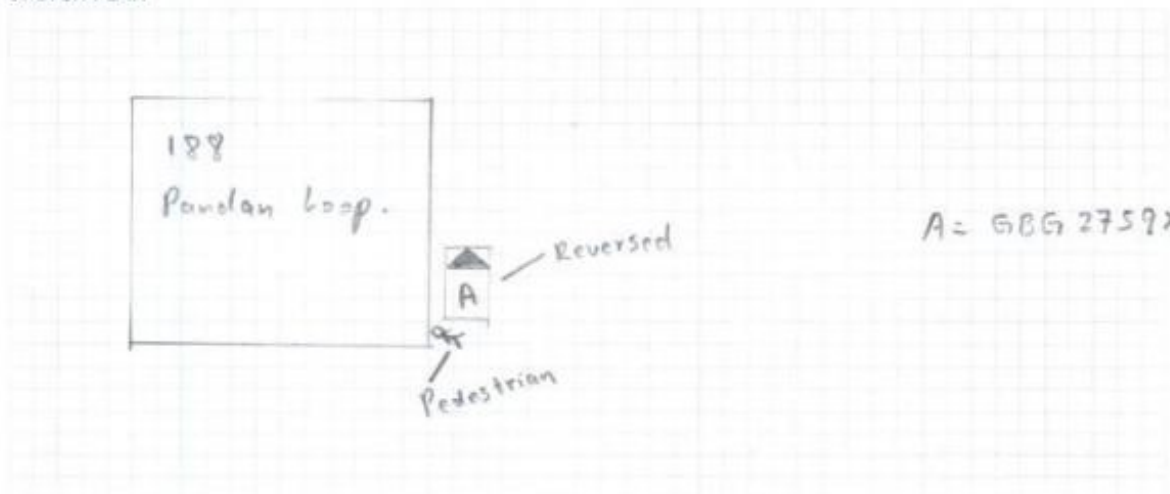
Policyholder's Signature:
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2019/014 / 2093

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.: _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191014/2093

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20191014/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 13:47	Vide Report No.: D/20191014/0051	Station Diary No.: 14
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Informant's Particulars

Name of Informant: ER CHONG YEN			Address: APT BLK 2 LORONG 7 TOA PAYOH #07-31 SINGAPORE 310002	
ID Type / ID No.: FIN NO / G2447176X			Contact No.: Home/Office: Mobile: 97397914	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 29	Date of Birth: 09/02/1990	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 14/10/2019 11:40	Type of Location: Straight Road
Location: Along Road 1 PANDAN LOOP				
188 PANDAN LOOP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2759X	Lorry	TOYOTA	DYNA 150 5MT	Green	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191014/2093

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20191014/2093

CONTINUATION OF REPORT

Brief Details.

On the 14th of October 2019 at about 1145hrs, I was doing delivery at 188 Pandan Loop and my vehicle was GBG2759X. After finished with the delivery, I went into my vehicle and proceeded to start the engine to move off in a reverse manner. I didn't check the rear of my vehicle. I engaged the reverse gear and my vehicle started to reverse slowly. All of a sudden, I felt an impact from the rear of my vehicle. When I got out, I saw that my vehicle had collided onto a male pedestrian about 50 years old. He had fell onto the ground. I helped the pedestrian up. Ambulance and Traffic police were called with the assistance from the shop owners. I wish to state that there was CCTV at the shop which I was doing the delivery at. The pedestrian mentioned that he was waiting for taxi, however, I was unsure whether he was heading out to wait or he was already standing there and waiting. Traffic police officer then advised me to lodge for a police report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191014/2093

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20191014/2093

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:
G /
Sgt 3 MUHAMMAD ARIF BIN HAIRUDIN

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:
14/10/2019 13:47

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

