

## 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	31/12/2019 13:14
Date Of Accident	30/12/2019 15:45
Exact Location Of Accident	CTE TWDS AYE NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8912R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOUR MEDIA PTE LTD
Co Reg No	2XXXXX648Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94467726

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28937054 MKC
Cover Note Number	

### Driver

Name of Driver	CHIN KONG KWONG
NRIC No	SXXXX860I
Date Of Birth	31/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94467726
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 418 AMK AVE 10 #10-1053
Postcode	560418
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)	4
Passenger 1	NAME: : NG GUO DONG GENDER: : MALE
Passenger 2	NAME: : TYE CHYE FUN GENDER: : FEMALE
Passenger 3	NAME: : NG LAN SHIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191230/2160

#### 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	GBC617G
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
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	SMQ3474C
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	SHC3993D
Vehicle Make/Model/Colour	
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 INJURED PERSON 1

Name	CHIN KONG KWONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE8912R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	NG GUO DONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE8912R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 3

Name TYE CHYE FUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBE8912R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name NG LAN SHIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBE8912R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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

A: GBF 2412R  
B: 3rd GRC 617G  
C: SHQ3474C  
D: SHC 30030

OTE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/12/14 at about 3.45pm. I was travelling along  
OTE towards AXE near Braddell Exit. I was stationary  
due to front traffic. I felt an impact from the rear. My  
vehicle was pushed forward to hit the front vehicle.  
I was involved in a 4 vehicle chain collision.

## 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/20191230/2160

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20191230/2160

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2019 22:21	Vide Report No.:	Station Diary No.: 178
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### Informant's Particulars

Name of Informant: CHIN KONG KWONG			Address: APT BLK 418 ANG MO KIO AVENUE 10 #10-1053 SINGAPORE 560418		
ID Type / ID No.: NRIC NO / S82688601			Contact No.: Home/Office: Mobile: 94467726		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 31/10/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRODUCTION			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: 30/12/2019 15:45	Type of Location: Roundabout
Location: Along Road 1 CENTRAL EXPRESSWAY				
Towards PIE Changi near Braddell exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
GBC617G	Van					0
GBE8912R	Van				Seriously Damaged	3
SHC3993D	Taxi					0
SMQ3474C	Car					0

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191230/2160

Police Station Of Origin:  
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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20191230/2160

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE8912R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A28937054 MKC	20/04/2019	19/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	NG GUO DONG	ID No.	A52008372	
Related Vehicle	GBE8912R (Van)	Contact No.	94467726	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	30/12/2019	Date Discharge	30/12/2019	
No. of Days granted Medical Leave	02	Degree of Injury	Slight	
Driver				
Name	CHIN KONG KWONG	ID No.	S82688601	
Related Vehicle	GBE8912R (Van)	Contact No.	94467726	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	30/12/2019	Date Discharge	30/12/2019	
No. of Days granted Medical Leave	02	Degree of Injury	Slight	
Passenger				
Name	TYE CHYE FUN	ID No.	A53605458	
Related Vehicle	GBE8912R (Van)	Contact No.	94467726	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	30/12/2019	Date Discharge	30/12/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191230/2160

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20191230/2160

## CONTINUATION OF REPORT

Passenger			
Name	NG LAN SHIN	ID No.	S8268861G
Related Vehicle	GBE8912R (Van)	Contact No.	84377456
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/12/2019	Date Discharge	30/12/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

### Brief Details.

On 30/12/2019 at about 1545hr, I was driving my van GBE 8912R along CTE towards PIE Changi. When I was approaching PIE near Braddell exit, the traffic started to build up at the exit. I stopped my van behind a taxi SHC3993D because the taxi stopped. Suddenly I felt an impact at my rear, I then went down to make a check and discovered that it was a chain collision between four vehicles (including mine).

The last car SMQ 3474C could not stopped in time and as such he hit the rear of the van GBC 617G and the van hit the rear of my van and I hit the rear of the taxi. I have 3 other passengers in the van, however all of us only received less than three days MC except for my mother in law who received three days of MC.

The rear of my van was badly dented and the front part of my van was slightly dented.

POLICE REPORT



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T/20191230/2160

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Report No. T/20191230/2160

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 /  
SI SITI QAMARIYAH BINTE MOHD NAJIB

Signature Of Informant:

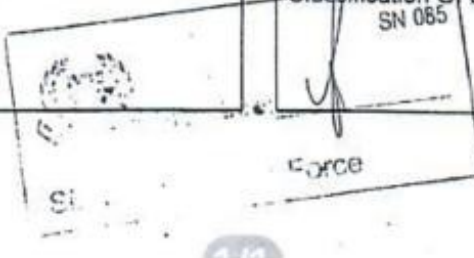
Signature Of Interpreter:  
Not applicable

Date/Time:  
30/12/2019 22:21

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:  
SN 085

Authentication Stamp  
NP168



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: VSKYBAM20Z0122948  
U.L.W : 1260 KGS  
M.L.W : 2000 KGS  
P. CAP : F: 1 DRIVER, 1 OTHER  
R: 00  
TYRE SIZE : F: 175 x 70R 14PLY  
R: 175 x 70R 14PLY(S)



Accident Photo





**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo





Accident Photo

