

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	02/01/2020 17:21
Date Of Accident	31/12/2019 12:45
Exact Location Of Accident	JUNC OF PENNEFATHER RD & CEYLON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SQ7799T
Insured/Policyholder	
Name Of Registered Owner	WAN LAI TIM
NRIC No	SXXXX119Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97324287
Alternative Phone No	OTHERS-97324287

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	P 90437711 DMA
Cover Note Number	

Driver

Name of Driver	WAN LAI TIM
NRIC No	SXXXX119Z
Date Of Birth	05/08/1954
Occupation	INDOOR
Date Of Driving Pass	11/12/1972
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97324287
Fax Number	
Contact Number	OTHERS-97324287
EEmail Address	NOEMAIL

Address	BLK 167B SIMEI LANE #10-14
Postcode	522167
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191231/2126

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	XD7695A
Vehicle Make/Model/Colour	(TRA1812Z)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHAO WENBO
NRIC/Passport Number	
Contact Number	82386967
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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.

x Wank2

Policyholder's Signature
Date & Time:

Wank2

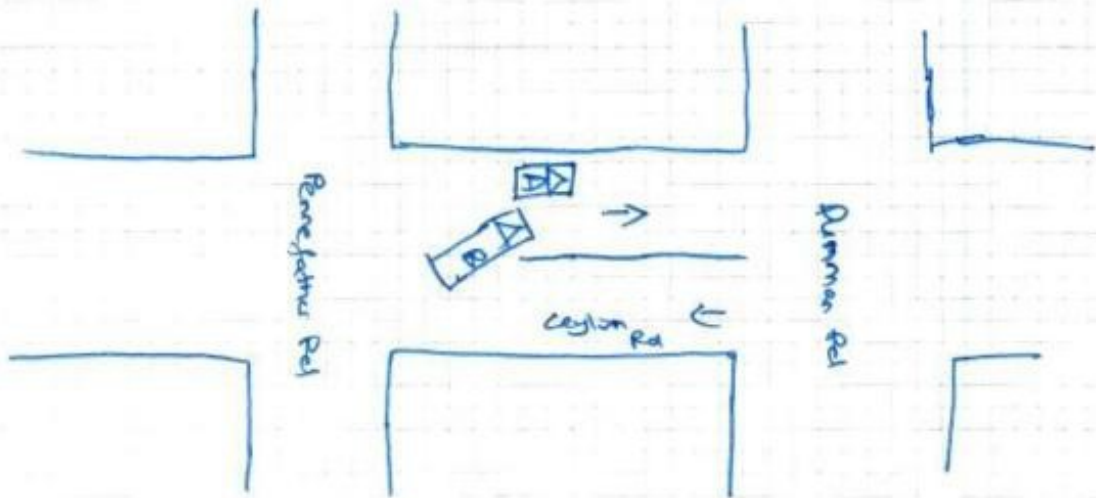
Driver's Signature
(if driver is not the policyholder)
Date & Time:

sfym 02/01/20

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report No. 7/2019/231/2126

A - 3Q 7799 T

B - XD 7695 R / TRA 1812 Z

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20191231/2126

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20191231/2126

CONTINUATION OF REPORT

Vehicle Owner			
Name	WAN LAI TIM		ID No. S0092119Z
Related Vehicle	SQ7799T (Car)		Contact No. 97324287
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	SHAO WENBO		ID No. NIL
Related Vehicle	TRA1812Z (TRAILER)		Contact No. 82386967
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 31/12/2019 at about 0915hrs, I parked my vehicle near lamppost 14 near to the junction of Ceylon Road and Pennefather Road.

At about 1730hrs I returned to get my vehicle and saw that the right rear door had been crushed in. I saw there was 3 notes written in Chinese stuck on the front wind screen saying "sorry, I was waiting here for very long, I cannot find you and no way to contact you, seek your forgiveness, please contact me 91080804, 84386967." and another 2 similar saying "sorry sir/madam, 91080804, 82386967 I am very sorry". There was also a traffic police case card at the front wind screen which stated that my vehicle was involved in an accident with the other vehicle TRA1812Z at 1248hrs at the said location.

At about 1750hrs I called the IO Joe which was stated at the back of the case card and he informed me to lodge a traffic accident report vide G/20191231/0095.

At about 1753hrs, I called 91080804 and she told me call her manager. She gave me the contact of Kylin Lim, her manager of Chang Cheng Logistics Pte Ltd 83218480, she asked if we could settle privately, and said sorry, I obtained the details of the driver and the company from her through WhatsApp.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20191231/2126

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No: T/20191231/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2019 18:39		Vide Report No.: G/20191231/0095		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: WAN LAI TIM			Address: APT BLK 167B SIMEI LANE #10-14 SINGAPORE 522167		
ID Type / ID No: NRIC NO / S0062119Z			Contact No.: Home/Office:		Mobile: 97324287
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 05/08/1954	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Dentist (general)			Driving Licence Information: Class		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/12/2019 12:45	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 PENNEFATHER ROAD CEYLON ROAD Lamp Post Number: 14				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SQ7799T	Car	TOYOTA	ALTIS	Black	Seriously Damaged	0
TRA1B12Z	TRAILER	SCANTRUCK				0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	

Police Report



**SINGAPORE
POLICE FORCE**



T/20191231/2126

Police Station Of Origin:
Changi N.P.C
8 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872988

2 of 3
Report No: T/20191231/2126

CONTINUATION OF REPORT

Vehicle Owner			
Name	WAN LAI TIM	ID No.	S0092119Z
Related Vehicle	SQ7799T (Car)	Contact No.	97324287
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	SHAO WENBO	ID No.	NIL
Related Vehicle	TRA1812Z (TRAILER)	Contact No.	82386967
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

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Police Report



SINGAPORE
POLICE FORCE



T/20191231/2126

3 of 3

Police Station Of Origin:
Changi N.P.C
9 Simlai Street 2 SINGAPORE 529914
Tel No: 1800-5872939

Report No. T/20191231/2126

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 /

Staff Sgt WONG XINGYI, SEAN

Signature Of Informant

Informant

Signature Of Interpreter

Not applicable

Date/Time:

31/12/2019 18:39

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



SINGAPORE
POLICE FORCE

Classification Of Case

Authentication Stamp

NP-58