

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	13/01/2020 15:00
Date Of Accident	10/01/2020 20:25
Exact Location Of Accident	ALONG ANG MO KIO AVE 5 TOWARDS SENGKANG EAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA7072L
Insured/Policyholder	
Name Of Registered Owner	SEAH TENG POH
NRIC No	SXXXX109Z
Email Address	CHRISTOPHERSEAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81003538
Alternative Phone No	OFFICE-68722132

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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 90346420 DMA
Cover Note Number	

Driver

Name of Driver	SEAH HEE SIANG CHRISTOPHER (SHE XIXIANG)
NRIC No	SXXXX527D
Date Of Birth	11/08/1981
Occupation	INDOOR
Date Of Driving Pass	28/09/2002
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81003538
Fax Number	
Contact Number	OFFICE-68722132
Email Address	CHRISTOPHERSEAH@HOTMAIL.COM

Address	123 COMPASSVALE BOW #12-28
Postcode	544819
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200113/2077

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ868S
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOSHUA TEO JUNHAO
NRIC/Passport Number	TXXXX862B
Contact Number	96993777
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SEAH HEE SIANG CHRISTOPHER (SHE XIXIANG)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMA7072L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

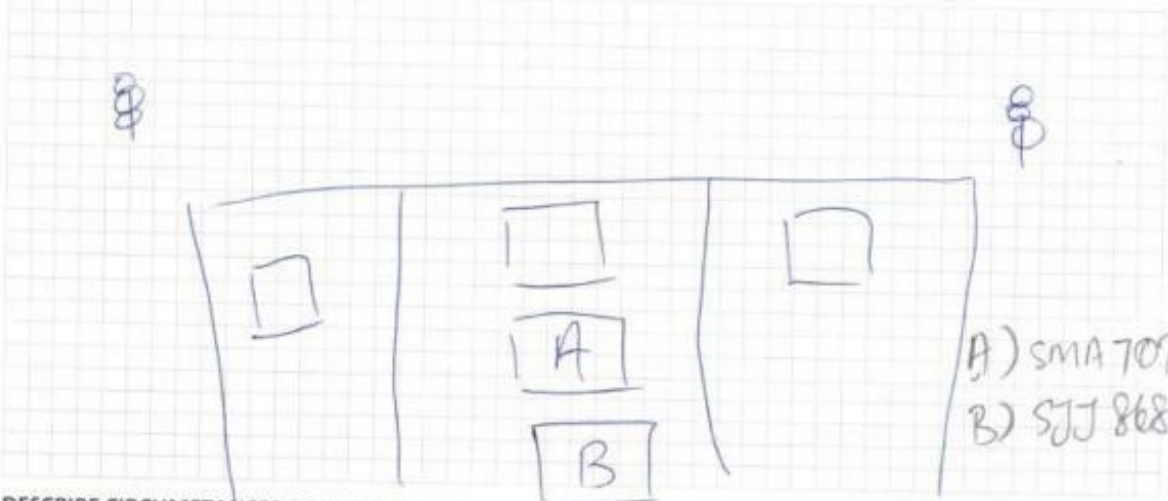
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

JUNCTION ANG MO KIO AVENUE ←



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the traffic due to red light car A.
 Car B just bang into me from Behind. No rain.
 Road Dry

Police Report T/20200113/2077

DECLARATION

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

Policyholder's Signature

Date & Time:

13/1/20 1230pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

13/1/20 1230pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/01/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200113/2077

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20200113/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2020 13:30		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: SEAH HEE SIANG CHRISTOPHER		Address: 123 COMPASSVALE BOW #12-28 SINGAPORE 544819			
ID Type / ID No.: NRIC NO / S8124527D		Contact No.: Home/Office: Mobile: 81003538			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 38	Date of Birth: 11/08/1981	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: BANKER		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: 10/01/2020 20:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ANG MO KIO AVENUE 5 SENGKANG EAST ROAD Along Ang Mo Kio Ave 5 Towards Sengkang East Road, Middle Lane, Near Lamp Post No. 123 Lamp Post Number: 123				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
SJJ868S	Car	VOLVO		White	No Damage	0
SMA7072L	Car	HONDA	SHUTTLE 1.5G CVT	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ868S	AXA INSURANCE SINGAPORE PTE LTD			

POLICE REPORT



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T/20200113/2077

Police Station Of Origin:
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Tel No: 1800-3779999

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Report No. T/20200113/2077

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMA7072L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	10213551	18/06/2019	17/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JOSHUA TEO JUNHAO		ID No.	T0021862B
Related Vehicle	SJJ868S (Car)		Contact No.	96993777
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	SEAH HEE SIANG CHRISTOPHER		ID No.	S8124527D
Related Vehicle	SMA7072L (Car)		Contact No.	81003538
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ BUANGKOK PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/01/2020		Date Discharge	10/01/2020
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Driver				
Name	SEAH HEE SIANG CHRISTOPHER		ID No.	S8124527D
Related Vehicle	SMA7072L (Car)		Contact No.	81003538
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ BUANGKOK PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/01/2020		Date Discharge	12/01/2020
No. of Days granted Medical Leave	02		Degree of Injury	Slight

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200113/2077

Police Station Of Origin:
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159682
Tel No: 1800-3779999

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Report No. T/20200113/2077

CONTINUATION OF REPORT

Brief Details.

On 10/01/2020 at about 2025hrs, I was driving my Vehicle bearing the registration plate no: SMA7072L along Ang Mo Kio Ave 5 towards Sengkang East Road, on the Middle Lane, near Lamp Post No. 123.

As the Traffic Light turns Red, I slowed down my Vehicle and eventually came to a stop. After awhile, I heard a sound and followed by a jerk at the back of my Vehicle. I then alighted from my Vehicle to make a check to realized that the Vehicle bearing the registration plate no: SJJ868S behind my Vehicle had knocked onto my Vehicle.

I wish to state that at that point of time, we did not call for any Traffic Police or Ambulance however we managed to exchange particulars with one another. I also wish to state that I have a in-car camera installed at both the front and rear of my Vehicle and the other party also have a in-car camera installed in the front.

I wish to state that no pedestrian or cyclist was involved from this accident, no government property was damaged and no foreign vehicles was involved in this accident as well.

As I felt that left side's neck and shoulder discomfort, thus I went to see a doctor on the very same day and was given a 02 days of MC dated from 11/01/2020 to 12/01/2020. On 12/01/2020, I am still feeling discomfort for my neck and shoulder thus I went to see a doctor again and was given another 02 days of MC dated from 13/01/2020 to 14/01/2020. I wish to state that I do not know what is the cost of damaged to my Vehicle. I am lodging this report for Insurance Claims.

POLICE REPORT



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T/20200113/2077

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159682
Tel No: 1800-3779999

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Report No. T/20200113/2077

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:

D /

Sgt 2 WINNIE CHEW WEN JING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/01/2020 13:30

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP108

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

