

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	14/01/2020 12:12
Date Of Accident	13/01/2020 17:35
Exact Location Of Accident	SLE TWDS CTE B4 WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3319R
Insured/Policyholder	
Name Of Registered Owner	TAY CHER YAN JEFFERY(ZHENG ZHIYUAN JEFFERY)
NRIC No	SXXXX560E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96908299
Alternative Phone No	OTHERS-96808299

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
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	A 29114501 QMY
Cover Note Number	

Driver

Name of Driver	TAY JING HAO JOSHUA(ZHENG JINGHAO)
NRIC No	TXXXX815Z
Date Of Birth	06/06/2000
Occupation	INDOOR
Date Of Driving Pass	03/10/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96808299
Fax Number	
Contact Number	
EEmail Address	JOSHUAATJH66@GMAIL.COM

Address	BLK 771 BEDOK RESERVOIR VIEW #17-169
Postcode	470771
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?	NO
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	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , 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:G/20200114/7029

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT8092J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	KOH KIAT SIONG
NRIC/Passport Number	SXXXX002E
Contact Number	86611818
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAY JING HAO JOSHUAA(ZHENG JINGHAO)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMH3319R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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:

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

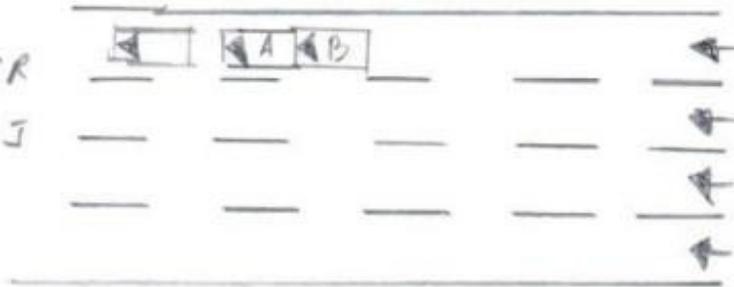
Accident Sketch Plan

SKETCH PLAN

SLE TWDS CTE B4
WOODLANDS AVE J

A - SMH3319R

B - SLT8092J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: G/202000144/7029

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



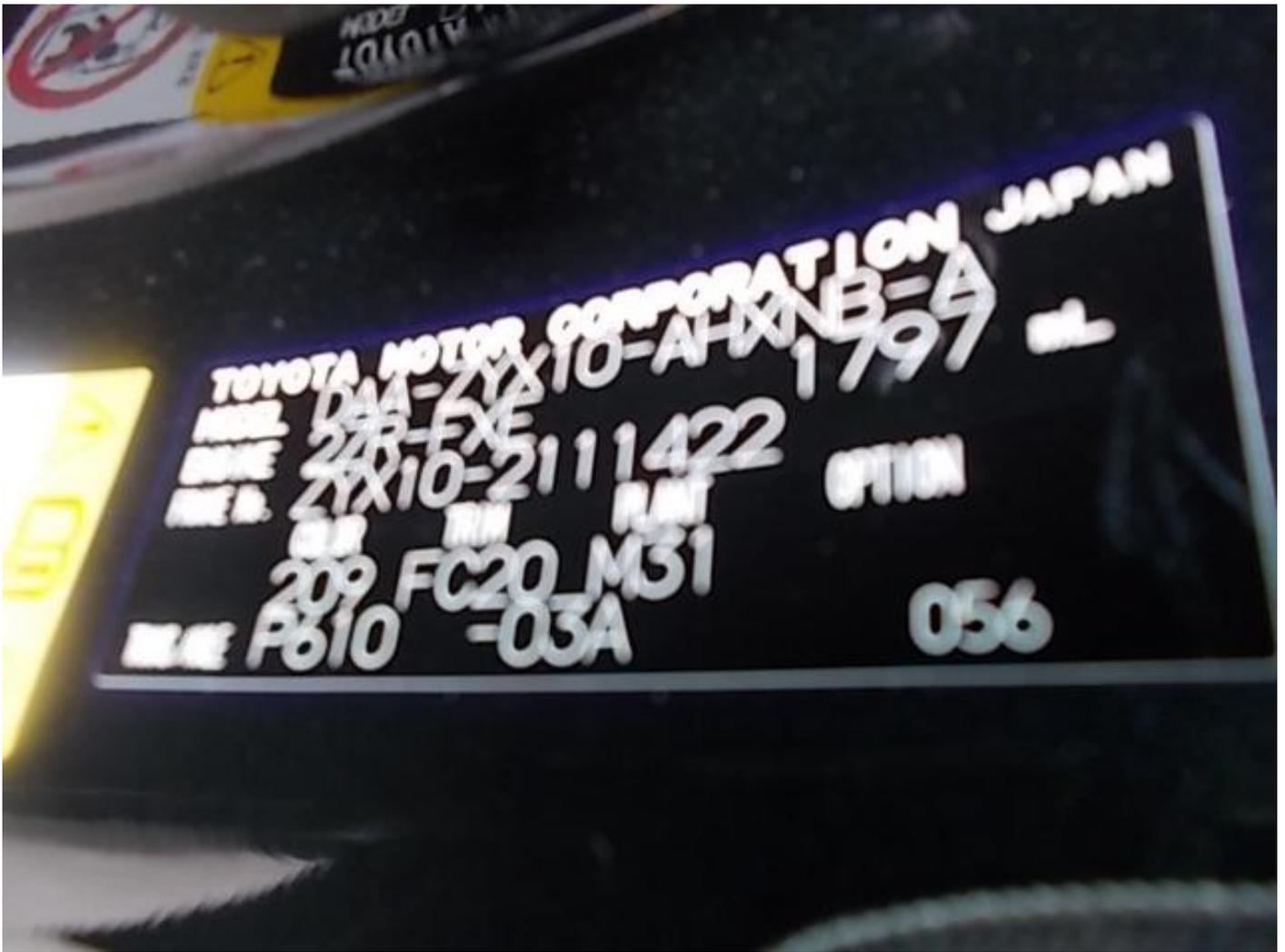
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



G/20200114/7029

1 of 2

POLICE REPORT (NP299)

Report No. G/20200114/7029

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 468576
Tel No: 1800-2440000

Date/Time Report Made 14/01/2020 11:48	Video Report No.	Station Diary No.
Name Of Informant TAY JING HAO JOSHUA	Address APT BLK 771 BEDOK RESERVOIR VIEW #17-189 SINGAPORE 470771	
ID Type / ID No. NRIC NO / T0019815Z	Contact No. Home/Office	Mobile: 96808299
Nationality SINGAPORE CITIZEN	Email Address JOSHUAATJH68@GMAIL.COM	
Occupation Student	Sex Male	Age 19
Institution/School Name	Date of Birth 06/06/2000	Race Chinese
Date/Time Of Incident 13/01/2020 05:35 - 13/01/2020 17:50	Location Of Incident APT BLK 771 BEDOK RESERVOIR VIEW #17-189 SINGAPORE 470771	

Brief details.

I was driving (SMH3319R) along SLE towards CTE before woodlands avenue 2, the traffic was heavy and when i came to a stop another car (SLT8092J) hit my car from behind, and i have a 2 days medical certificate

Subjects Involved
Suspect

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2020 11:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



G/20200114/7029

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No: G/20200114/7029

Person Name	KOH KIAT SIONG		
ID Type	NRIC NO	ID No	S7815002E
Gender	Male	Age	40-41
Race	Chinese	Language	English
Occupation	Taxi driver	Mobile No	96811818
Relation To Informant			
Victim			
Person Name	TAY JING HAO JOSHUA		
ID Type	NRIC NO	ID No	T0019815Z
Gender	Male	Age	19
Race	Chinese	Language	English
Occupation	Student	Address Type	
Address	APT BLK 771 BEDOK RESERVOIR VIEW #17-169 SINGAPORE 470771		Mobile No 96808299
Is Informant A Victim?	Yes		
Person Name	TAY JING HAO JOSHUA (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2020 11:48
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp:	