

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	16/01/2020 17:51
Date Of Accident	15/01/2020 20:10
Exact Location Of Accident	ALONG JALAN BUROH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7181R
Insured/Policyholder	
Name Of Registered Owner	NG JACKIE
NRIC No	SXXXX663D
Email Address	JACKIE5663@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93686699
Alternative Phone No	OTHERS-93686699

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	REPORTING ONLY
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 29086423 QMX
Cover Note Number	

Driver

Name of Driver	NG JACKIE
NRIC No	SXXXX663D
Date Of Birth	07/11/1983
Occupation	INDOOR
Date Of Driving Pass	05/08/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93686699
Fax Number	
Contact Number	OTHERS-93686699
Email Address	JACKIE5663@GMAIL.COM

Address	BLK 297A COMPASSVALE STREET #15-30
Postcode	541297
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	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?	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	SENGKANG NPC
Police Station Address	ROAD: 2 SENKANG SQUARE #01-02 , POSTCODE: 545025 , 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/20200115/2211

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	SGG816T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YAH LI(LIN YALI)
NRIC/Passport Number	SXXXX460Z
Contact Number	96237075
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.



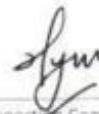
Policyholder's Signature

Date & Time: 16/01/20 3.49pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:



16/01/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRAVELLING OUT TO THE MAIN ROAD (T-JUNCTION). I SAW FRONT VEHICLE START TO MOVE, I CHECK THE TRAFFIC BEFORE ACCELERATING. BY THE TIME I SAW THE FRONT STILL AT STATIONARY POSITION, I BRAKE BUT NOT IN TIME AND LEFT SIDE OF MY VEHICLE HIT THE REAR RIGHT OF THE VEHICLE. NO PASSENGER FOR BOTH CAR. NO INJURY FOR BOTH DRIVER.

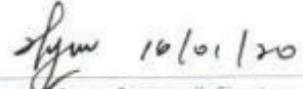
DECLARATION

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


Policyholder's Signature

Date & Time: 16/01/20 3.49PM

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


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Accident Sketch Plan

1/16/2020

41 Jln Buroh - Google Maps

Google Maps 41 Jln Buroh

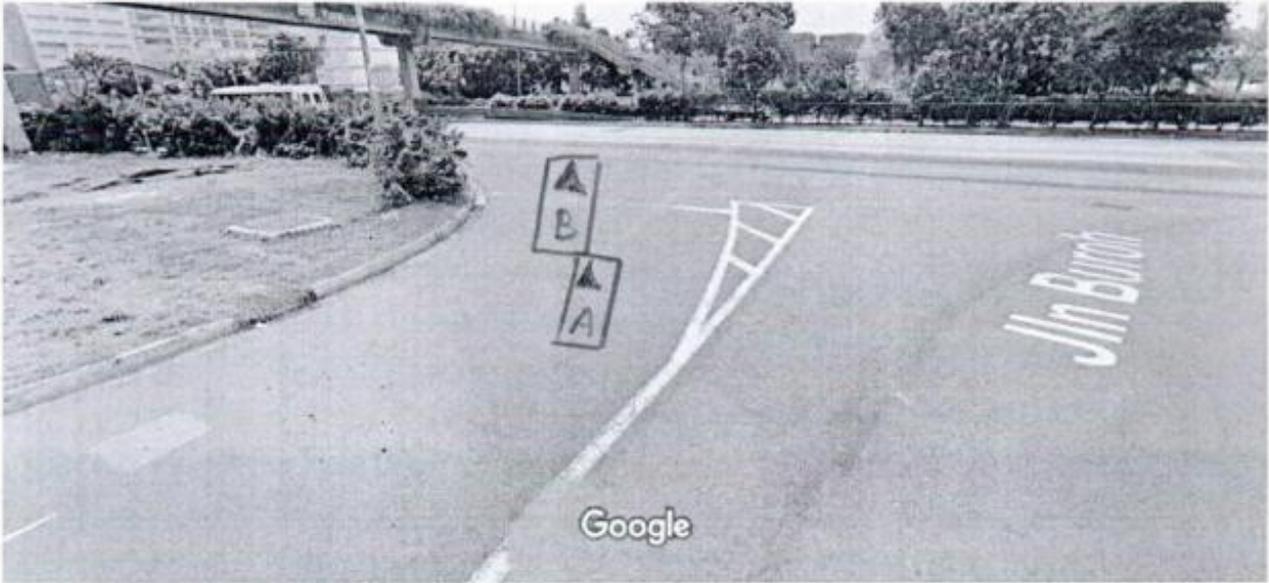


Image capture: Mar 2018 © 2020 Google

Singapore

Google

Street View



Jln Buroh

ALONG JALAN BUROH

A - SGV7181R

B - SGG816T

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200115/2211

2 of 3

Report No. T/20200115/2211

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver			
Name	NG JACKIE	ID No.	S8335663D
Related Vehicle	SGG816T	Contact No.	93686699
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM YAH LI (LIN YALI)	ID No.	S7429460Z
Related Vehicle	SGV7181R	Contact No.	96237075
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 the 15/01/2020 at about 2010hrs, I was driving my vehicle bearing registration number SGV7181R along Jalan Buroh as was turning left to the main road. As I was turning out, there was a vehicle bearing registration number SGG816T which was in a stationery position. As I saw the road was clear, I accelerated and collided onto the rear right of vehicle not realizing the said vehicle was stationery. After the collision, both parties exchange particulars and in my point of view no one was injured. The left front portion of my vehicle is damaged. No police or ambulance attended to my incident. I am lodging this report for my own insurance purpose.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



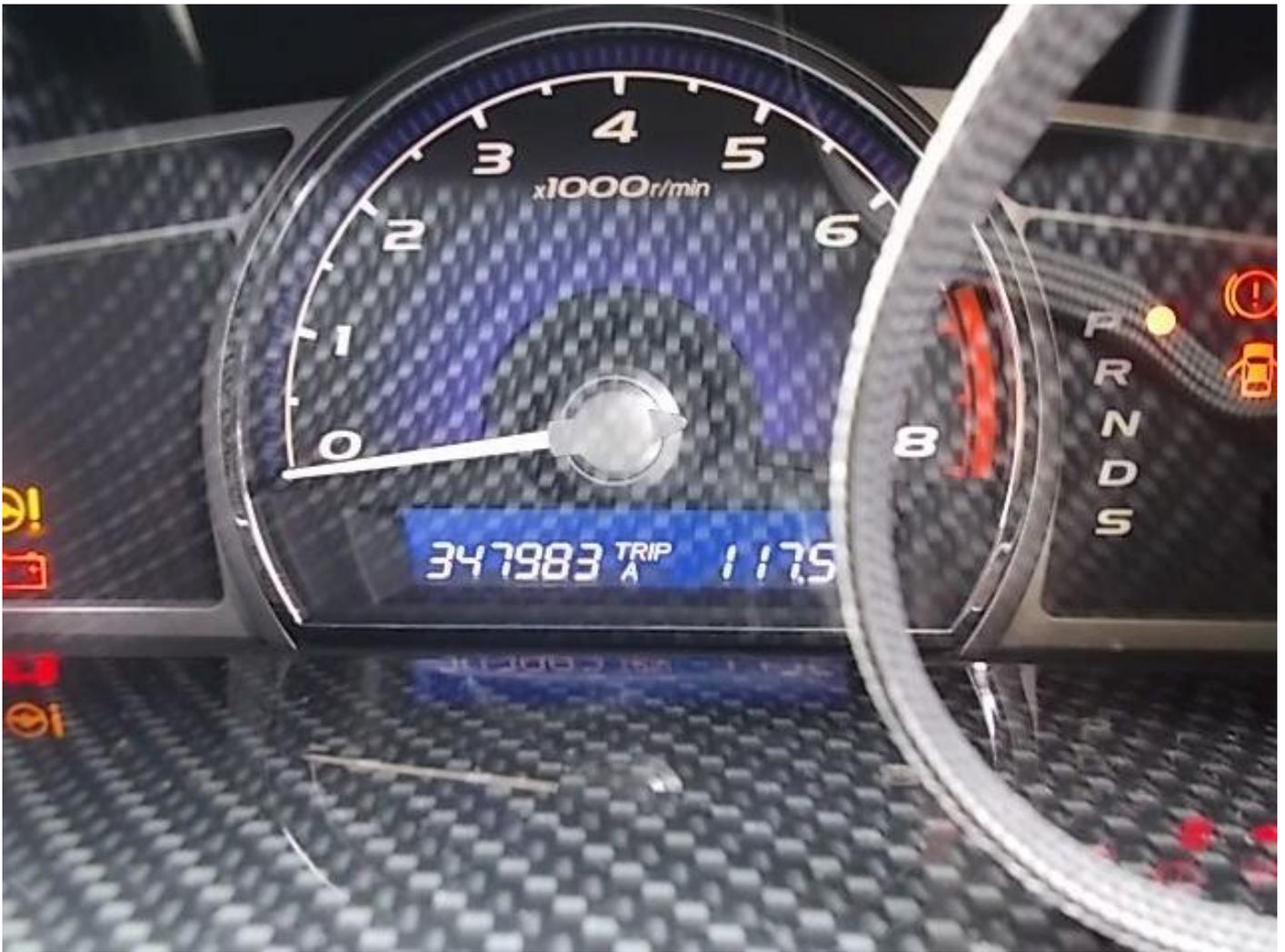
Accident Photo



Accident Photo



Accident Photo



Accident Photo



HONDA MOTOR CO., LTD. JAPAN

CHASSIS NO.

JHMFD26407S200893

FD2

SNG7 UE7-B537M

A-S

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/G200115/2211

2 of 3

Report No. T/G200115/2211

CONTINUATION OF REPORT

Driver			
Name	NG JACKIE	ID No.	S8335663D
Related Vehicle	SGG816T	Contact No.	93696699
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM YAH LI (LIN YALI)	ID No.	S7429460Z
Related Vehicle	SGV7181R	Contact No.	96237075
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.

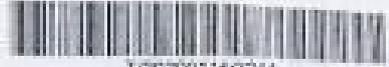
On the 15/01/2020 at about 2010hrs, I was driving my vehicle bearing registration number SGV7181R along Jalan Burch as was turning left to the main road. As I was turning out, there was a vehicle bearing registration number SGG816T which was in a stationary position. As I saw the road was clear, I accelerated and collided onto the rear right of vehicle not realizing the said vehicle was stationary. After the collision, both parties exchange particulars and in my point of view no one was injured. The left front portion of my vehicle is damaged. No police or ambulance attended to my incident. I am lodging this report for my own insurance purpose.

Police Report

112271 102001
2 of 3



**SINGAPORE
POLICE FORCE**



T1202001150211

3 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No: T1202001150211

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 65474985 stating the report number as reference.

Signature Of Officer Recording The Report:
FJ
Sgt 3 DALJIT SINGH

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
15/01/2020 23:58

Classification Of Case:

Authentication Stamp
N/P108