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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/01/2020 10:06
Date Of Accident	18/01/2020 07:50
Exact Location Of Accident	UPPER SERANGOON RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB7945T
Insured/Policyholder	
Name Of Registered Owner	JONG FRESH SUPPLIES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86218883
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA-3.0 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29116806 TMV
Cover Note Number	
Driver	
	OUT

Name of Driver CHUA CHEOW MENG

NRIC No SXXXX202A

Date Of Birth 11/04/1967

Occupation OUTDOOR

Date Of Driving Pass 20/08/1998

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96218467

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 286B COMPASSVALE CRES #13-87

Postcode

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 **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?

YES

NO

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE: Police Station Address

545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG UPPER SERANGOON RD ON THE CENTER LANE OF 3 LANE ROAD. VEH B WAS INFRONT OF ME. WHEN I SAW VEH B FILTERING INTO RIGHT LANE(1ST LANE), I ALSO CHECK ON MY RIGHT SIDE VIEW MIRROR TO ENSURE THE RIGHT LANE (1ST LANE) TRAFFIC CLEAR THEN FILTERING INTO RIGHT LANE(1ST LANE). WHEN I TURN BACK MY VIEW, VEH B SUDDENLY FROM THE FIRST LANE SWERVED BACK TO CENTER LANE AND JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH LEFT FRONT HIT ONTO VEH B REAR PORTION.

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 SKU8239K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

QUEK JUN HAN HARRY Name of Driver

SXXXX866E

Contact Number

NRIC/Passport Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.

TE LIV

Policyholder's Signature Date & Time: 4

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

Name: NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN		
		0 - 6 88 7 34 5 7
		A = 688 7745 T
B		8 = SKU 8239 K.
1 1	Upper Serango	on Rol.
SCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
Refer	to stateme	en t
CLARATION /e declare the foregoing par	ticulars are true in every respect.	fut-
icyholder's Signature le & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

POLICE REPORT

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

	This i	s to conf	irm that _	Chua	Cheow Meng			,	
NRIC/FIN <u>S1821202A</u> Which occurred along		, has reported to the Police a non-injury traffic accident							
		Upper Serangoon Road							
on	18/01/	2020	at	0750	_am involving	the fo	ollowing	vehicles	s:
1) 2)	GBB7 SKU8	945T (L 239K (C	orry, Mit ar, Volks	subishi, Wh swagen, Blu	nite in colour) ne in colour)				
2	If	this accid	dent was	reported to	the Police within	n 24	hours of	its occu	rrence,
	Th	ien he/sh	e has con	nplied with	Sec 84(2) of the	Roa	d Traffic	Act, Ca	ap 276.
	Ra	ink/Nam	e of Issui	ng Officer:	SGT Teng W	'ei Ka	ing		7
	Da	ite: 1	8/01/2020	0	Time:	1	815hrs		
	S/I	D Ref: _	123	_					
	Po	lice Post	/Unit:	Sengkang	NPC				
			<i>y</i> .						
			e issued to in be submittee	nformant I to Traffic Poli	ice				
				CONFI	DENTIAL				
	Ver	sion as of 1	5 Jan 2002						

















