

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	05/02/2020 14:16
Date Of Accident	04/02/2020 15:05
Exact Location Of Accident	AYE TWDS JURONG TOWNHALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG1683G
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68424992

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID
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 HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	B 29119902 MCX
Cover Note Number	

Driver

Name of Driver	CHUA CHEE BENG
NRIC No	SXXXX537I
Date Of Birth	04/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91291474
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 435A BUKIT BATOK WEST AVE 5 #07-1034
Postcode	651435
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 - CHANGE/CROSS LANE
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200204/2155

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6432X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHUA CHEE BENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMG1683G
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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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 be 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 assessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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 collection of envelope/mail packages); and/or

(v) to comply 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 also be 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 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 situated 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 (a) above may be shared / disclosed:

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes stated; or
- (ii) for compliance with requirements under any regulatory laws or court orders.

Policyholder's Signature

Date & Time:

08/02/2020
10:50am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

08/02/2020
10:50am

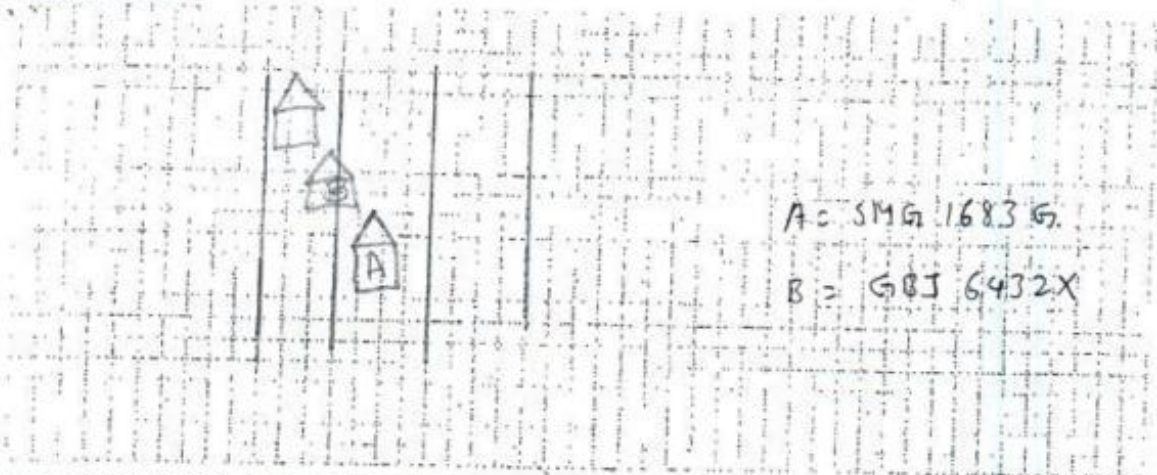
Reporting Centre Personnel's Signature

Name:

NRIC/IN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attached Police Report T / 20200204 / 2155

DECLARATION

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

Policyholder's Signature

Date & Time: 05/02/2020

05:50 am

Driver's Signature

(if driver is not the policyholder)

Date & Time: 05/02/2020

05:50 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200204/2155

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20200204/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 20:54		Vide Report No.:		Station Diary No.: 85	
Informant's Particulars					
Name of Informant: CHUA CHEE BENG			Address: APT BLK 435A BUKIT BATOK WEST AVENUE 5 #07-1034 SINGAPORE 651435		
ID Type / ID No.: NRIC NO / S71255371			Contact No.: Home/Office: Mobile: 91291474		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 04/08/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			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: 04/02/2020 15:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY AYER RAJAH EXPRESSWAY TOWARDS TUAS BEFORE JURONG TOWN HALL EXIT NEAR LAMP POST 617F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBJ6432X	Lorry	TOYOTA	DYNA	Silver	No Damage	0
SMG1683G	Car	TOYOTA	NOAH	White	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



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T/20200204/2155

Police Station Of Origin:
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92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20200204/2155

CONTINUATION OF REPORT

Driver			
Name	CHUA CHEE BENG	ID No.	S71255371
Related Vehicle	SMG1683G (Car)	Contact No.	91291474
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	04/02/2020	Date Discharge	04/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	XU CHANG CHENG	ID No.	S73786161
Related Vehicle	NIL	Contact No.	90031383
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 04/02/2020 at about 1505hrs while I was travelling along AYE towards Tuas before Jurong Town Hall Exit at lane 2, out of sudden a silver lorry GBJ6432X went into my lane from lane 3 and stopped his vehicle. I couldn't stopped in time thus my car hit the rear of the lorry. I stunned for awhile and after I had composed myself, I went out of my car and went to front of the lorry to make a check if there's any obstruction which cause the lorry to stopped immediately. When I made a check, I did not see any obstruction. I check my car and noticed my front bumper dented and I couldn't drive my car. No one was injured at that time. I exchange particulars with the lorry driver and took some photos of the accident. After a while the lorry driver left the place. Subsequently LTA and EMAS came. I told them what happened and thereafter my car was towed to Blk 415 Pandan Gardens. While waiting for my private towing, I felt pain at my right hand and my right shoulder blade. Once my car towed to the workshop, my cousin accompanied me to Mount Alvernia Hospital to seek treatment. I was discharge on the same day and was given 5 days of medical leave.

I wish to state that when the accident happened, no police or ambulance attended to the accident. I have in car CCTV footage which captured the whole accident. No other vehicle was involved. No government vehicle or properties was damage.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200204/2155

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20200204/2155

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 /

SI ANUAR BIN OTHMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/02/2020 20:54

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Accident Photo





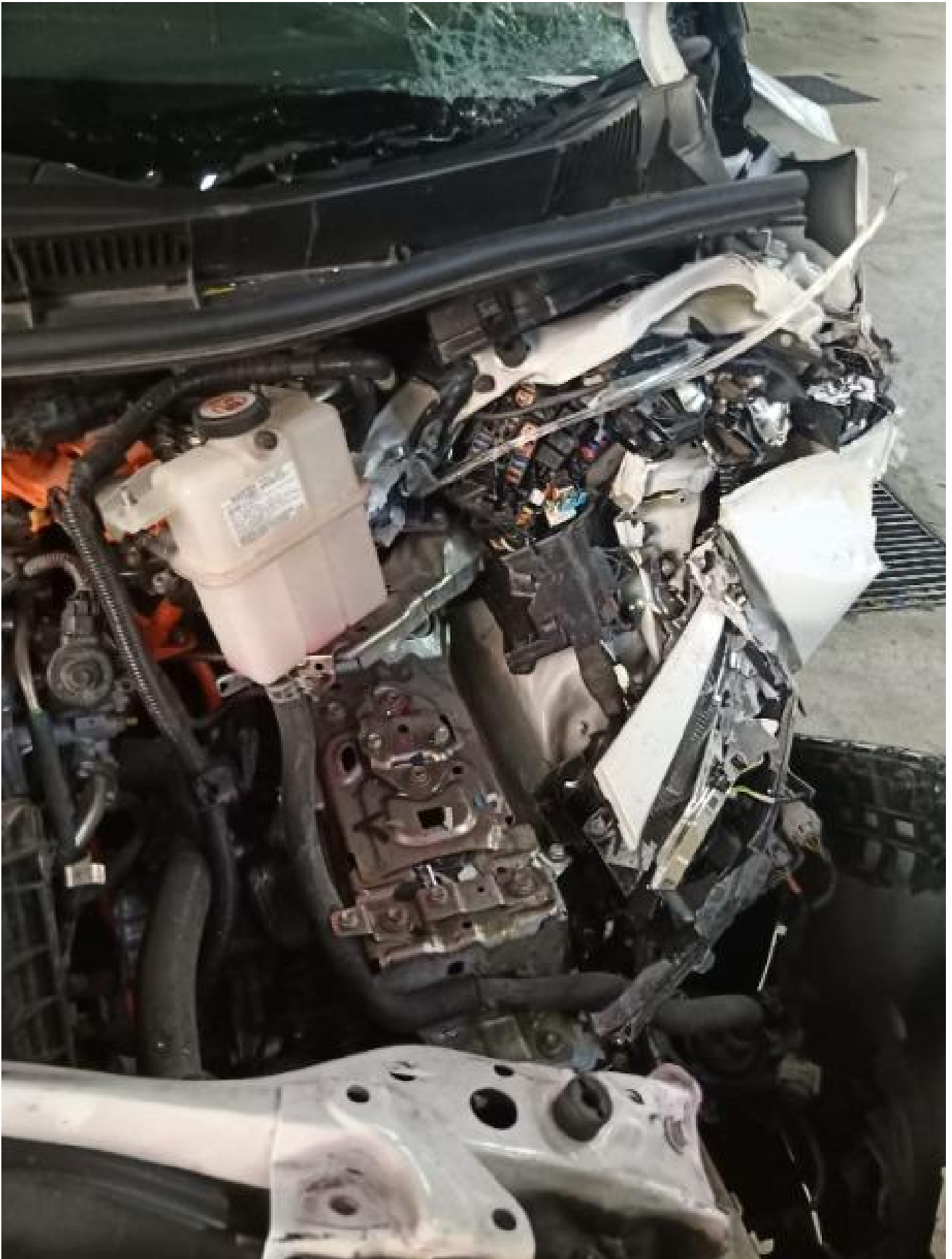
Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

