### 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.

	ACCIDENT STATEMENT
Date Of Report	08/02/2020 13:58
Date Of Accident	07/02/2020 16:30
Exact Location Of Accident	PIE NEAR TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT4863C
Insured/Policyholder	
Name Of Registered Owner	KWONG WAN LING
NRIC No	SXXXX541E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92306891
Alternative Phone No	OFFICE-92306891
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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 29135759 AT2
Cover Note Number	
Driver	

Name of Driver KWONG WAN LING

NRIC No SXXXX541E

Date Of Birth 12/07/1985

Occupation INDOOR

Date Of Driving Pass 28/08/2007

Driving Experience 12 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92306891

Fax Number

Contact Number OFFICE-92306891

EMail Address NOEMAIL

Address BLK 122 JURONG EAST ST 13 #08-43

Postcode 600122

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 CHAIN COLLISION

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

7

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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 PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT T/20200207/2123

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

TP TOOK THE MEMORY CARD

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMN5273T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver NOR MOHAMMAD SOFIAN BIN JOBRI

NRIC/Passport Number SXXXX949J Contact Number 91011489

Address

Postcode

Insurance Company Name

Page 2 of 16

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLV5778Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

SKETCH PLAN

VEHICLE NO .: SLT 4863 C INSURER : MSI.G

DATE & TIME:

### 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)
  - (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")
- 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.

February 2020

Driver's Signature

(if driver is not the policyholder)

Date & Time:

8 February 2020 11:15am.

Reporting Centre Personnel's Signature

NRIC/FIN No.:

## **Accident Sketch Plan**

SKETCH PLAN		
7		A: SLT4863C
Colest Toa Payor)	自由	B: SMN 52737 C: SLV 57788
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	As Police Report	Attached
	T 2020 020	7 2123
1		
Note: Please note that you	r Insurer may have 14days Time Frame fo	r you to submit an Own Damage Claim
under your own comp ECLARATION We declare the foregoing particu	prehensive policy. Please check with your	policy for more information.
We becare the longuing particu	Ex-	fort
ollcyholder's Signature ate & Time:  Fe brown 2020  LL: (Com	Driver's Signature (If driver is not the policyholder) Date & Time: \$111020 (1:15414) m Own Policy ( ) Claim Third Party (	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: ) Reporting Only

### **POLICE REPORT**



T/20200207/2123

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 3 Report No. T/20200207/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2020 18:59		Vide Report No.: E/20200207/0103	Station Diary No.: 80		
Informan	t's Partic	ulars	ACCRECATE OF THE PARTY OF	· 公司的是 · 可以 · 可	
	Informant: WAN LING		Address: APT BLK 122 JURONG EAST STREET 13 #08-43 SINGAPORE 600122		
ID Type / NRIC NO	ID No.: / S857054	41E	Contact No.: Home/Office: Mobile: 92306891		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 34	Date of Birth: 12/07/1985	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: MARKETING		Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	Attended by Delice		Date/Time of Accident: 07/02/2020 16:30	Type of Location: Expressway	
Location: Along Road 1 PAN ISLAND	EXPRESSWAY				
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Dual Carriage		Type of Collision: Between Moving Vehicles - Head To Rear			

Details of Vehicle Involved					
Туре	Make	Model	Color	Condition	No of Passenger
Car					0
Car				1	0
Car				Slightly	0
Car					0
Car	-				0
	Car Car Car	Car Car Car Car	Type Make Model Car Car Car	Type Make Model Color Car Car Car Car	Type Make Model Color Condition Car Car Slightly Damaged

#### POLICE REPORT





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20200207/2123

#### CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMK33T	Car					0
SMN5273T	Car					0

#### Brief Details.

On 07/02/2020 at about 1630hrs, I was driving along PIE near Toa Payoh when I met with an accident.

I was driving along PIE on the rightmost lane when suddenly the traffic came to a standstill. I subsequently stopped my vehicle as well, the vehicle behind me(SMN5273T) managed to stop as well however the third car (SLV5778Z) did not manage to stop in time and hit onto the second car. Subsequently more car piled up behind and it become a 7 car chain collision. The car in front of me had moved off just in time to avoid being in the chain collision. After the accident we got out of our vehicle to check on each other, traffic police and ambulance then came and one person was conveyed to the hospital.

I have dashcam footage of the accident, I have already given the SD Card to the Traffic Police that attended to the incident.

### **POLICE REPORT**





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20200207/2123

CONTINUATION OF REPORT

~ :	4 10 100	- 4-	<b>D</b> 1.	
		ch		

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: F / Sgt 2 LEE TAT HENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2020 18:59
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact-No:: 65476433	Classification Of Case:
Authentication Stamp NP168 Signature: Signature: Authentication Stamp Signature: Authenticatio	

















