

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	10/02/2020 14:55
Date Of Accident	09/02/2020 17:45
Exact Location Of Accident	LAVENDER ST TWDS CRAWFORD ST DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW3252T
Insured/Policyholder	
Name Of Registered Owner	CHEN CAIRU
NRIC No	SXXXX052Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84680178
Alternative Phone No	OFFICE-84680178

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 300202084 QMX
Cover Note Number	

Driver

Name of Driver	TEO HUP SENG
NRIC No	SXXXX407B
Date Of Birth	21/07/1965
Occupation	INDOOR
Date Of Driving Pass	20/06/1988
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85258808
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 611 BUKIT PANJANG RING RD #13-880
Postcode	670611
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	WET

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)	2
Passenger 1	NAME: : CHEN CAIRU GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	GBE7208Y
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 TEO HUP SENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKW3252T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHEN CAIRU
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKW3252T
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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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.

X

Policyholder's Signature
Date & Time:

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

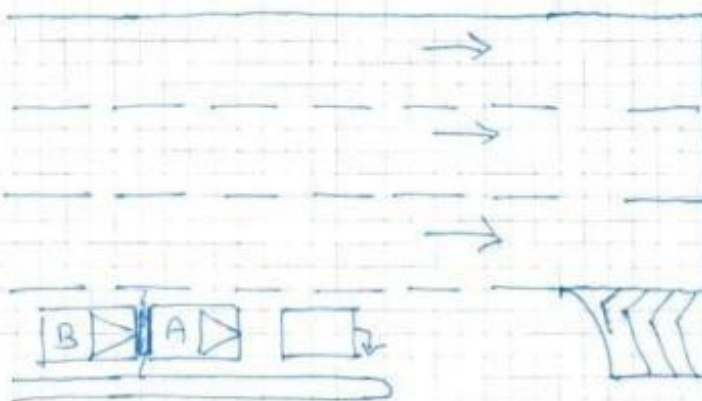
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A
- SKW 3252T

Vehicle B
- AGE 72084



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

Report Number:
T/20200210/2051

Vehicle A - SKW 3252T

Vehicle B - GBE 72084

DECLARATION

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

9

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.: _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200210/2051

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No. 1800-8659999

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Report No. T/20200210/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2020 12:55		Video Report No.		Station Diary No. 67	
Informant's Particulars					
Name of Informant: TEO HUP SENG			Address: APT BLK 611 BUKIT PANJANG RING ROAD #13-880 SINGAPORE 670611		
ID Type / ID No.: NRIC NO / S1723407B			Contact No. Home/Office: Mobile: 85258808		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 21/07/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY			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: 09/02/2020 17:45	Type of Location: X-Junction
Location: Along Road 1: JALAN BESAR BENDEMEER ROAD before ARC 380 building				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working:		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7208Y	Van	TOYOTA		Grey	Slightly Damaged	0
SKW3252T	Car	TOYOTA	COROLLA ALTIS	Silver	Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200210/2051

Police Station Of Origin:
Bukit Batok N.P.C.
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659998

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Report No: T/20200210/2051

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

Sgt 3 MUHAMMAD FAZDE BIN JOHAR

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

10/02/2020 12:35

Officer In Charge Of Case

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case

Authentication Stamp

NP158

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200210/2051

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 3

Report No. T/20200210/2051

CONTINUATION OF REPORT

Driver			
Name	MURUGESAN KARTHIKRAJ	ID No.	G2948822W
Related Vehicle	GBE7208Y (Van)	Contact No.	NIL
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
Driver			
Name	TEO HUP SENG	ID No.	S1723407B
Related Vehicle	SKW3252T (Car)	Contact No.	85258808
Hospital/Clinic	INTERMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/02/2020 at about 1745hrs. I was driving a Silver Toyota Corolla Altis bearing plate number SKW3252T along Jalan Besar towards Bendemeer Road. I entered the right lane to turn into Lavender Street at the cross junction traffic light. As there were a few vehicles in front of me and waiting for the traffic junction to turn red and to be given the right of way to turn into Lavender Street, my car came to a stop. About 2 seconds later, I felt a knock coming from the rear of my car. I made a check and saw one Grey Toyota Van bearing plate number GBE7208Y had knocked onto the rear of my car. There was no injury at that point of time. I exchanged particulars with the other driver, took photos of the incident and we left. Not long after, I felt pain at my spine area. My passenger one namely Chen Cairu, S8631052Z, B/350 Bukit Batok St 34 #09-122 S(650350), H/P:84680178 felt pain at her neck area. We decided to go to the clinic and we received 3-day MC. There is in-built car camera in my car. I have not check of there is any damages to my car.

Accident Photo



Accident Photo



Accident Photo



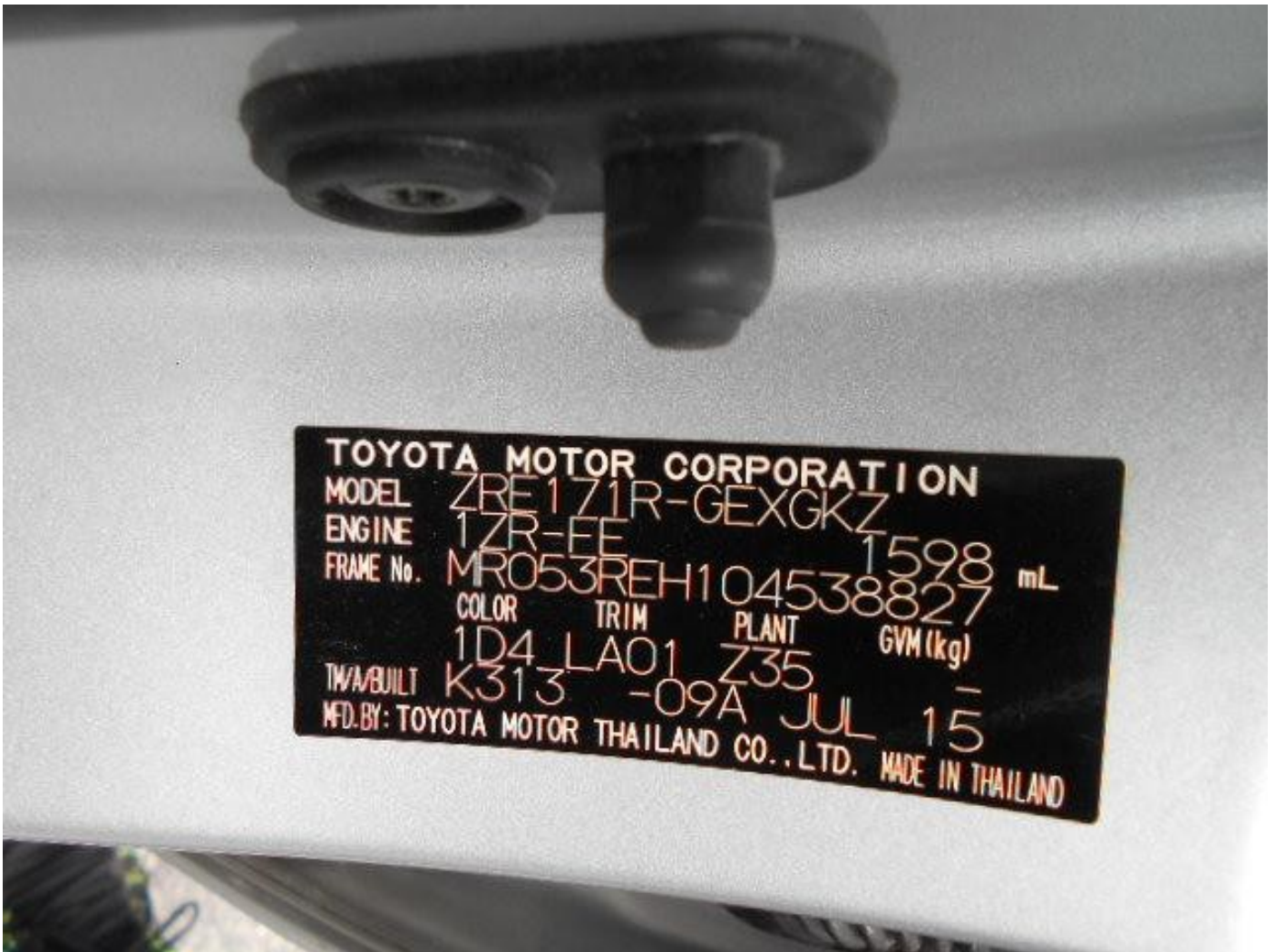
Accident Photo



Accident Photo



Accident Photo



Accident Photo

