

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	07/04/2020 16:57
Date Of Accident	03/04/2020 15:30
Exact Location Of Accident	CTE TOWARDS PIE CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4330U
Insured/Policyholder	
Name Of Registered Owner	MIAO YAO
NRIC No	SXXXX039J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81980609
Alternative Phone No	OTHERS-81980609

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA GP-1.4 TSI 90 (A)
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 80443025 AVW
Cover Note Number	

Driver

Name of Driver	MIAO YAO
NRIC No	SXXXX039J
Date Of Birth	30/06/1979
Occupation	INDOOR
Date Of Driving Pass	23/10/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81980609
Fax Number	
Contact Number	OTHERS-81980609
Email Address	NOEMAIL

Address	BLK 140 BEDOK NORTH STREET 2 #10-214
Postcode	460140
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?	YES
Foreign Vehicle Registration Number	JQQ2234 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	4
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200403/7022

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	PC2590U
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JQQ2234
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJX4354H
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

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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:

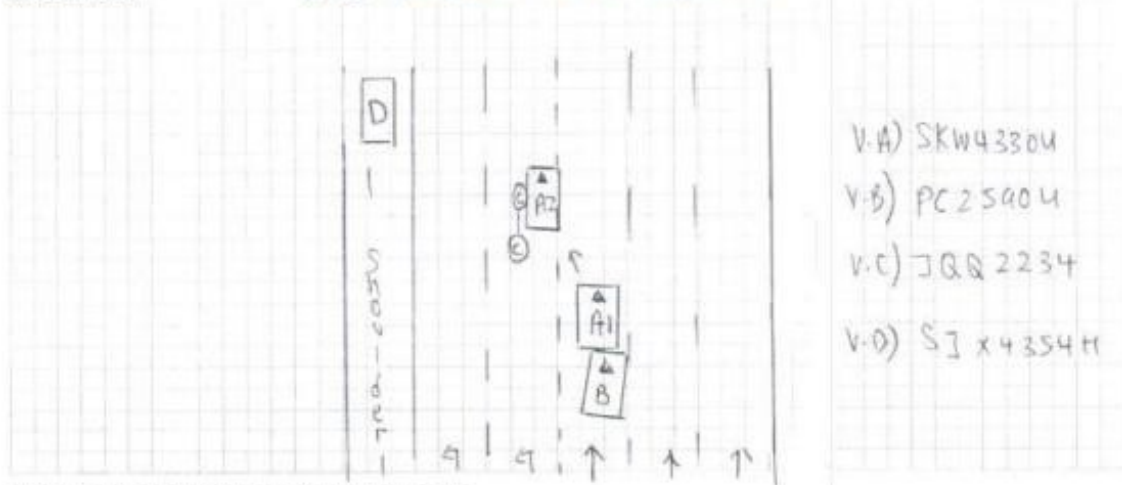
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

C16 Towards Pk Chonai



- V-A) SKW4330U
- V-B) PC2590U
- V-C) JQQ2234
- V-D) SJX4354H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SKW4330U was travelling

On the stated venue. I was travelling straight in my lane, I suddenly felt

an impact on my vehicle rear portion, the impact caused my vehicle to

propel forward and went towards the Fourth lane. the bike JQQ2234

could not stop in time, it collided against my vehicle left portion.

After the accident we got out of our vehicle and there was another vehicle

SJX4354H said that he was involved in this accident, however I'm unsure

how vehicle 'D' got hit. I wish to state that I was travelling straight

in my lane and designated speed limit.

POLICE REPORT 7/20200403/7022

DECLARATION

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

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.:
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200403/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200403/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2020 17:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MIAO YAO			Address: APT BLK 140 BEDOK NORTH STREET 2 #10-214 SINGAPORE 460140		
ID Type / ID No.: NRIC NO / S7965039J			Contact No.: Home/Office: Mobile: 81980609		
Nationality: SINGAPORE CITIZEN			Email: miaoyao1979@gmail.com		
Sex: Male	Age: 40	Date of Birth: 30/06/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 03/04/2020 15:30	Type of Location: Straight Road
Location: CTE TOWARDS PIE CHANGI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		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
JQQ2234	Motorcycle					0
PC2590U	Bus/Coach/Minibus		TOYOTA	Yellow	Seriously Damaged	0
SJX4354H	Car	HONDA	CIVIC	Black		0
SKW4330U	Car	VOLKSWAGEN	JETTA	White	Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200403/7022

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200403/7022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MIAO YAO	ID No.	S7965039J
Related Vehicle	SKW4330U (Car)	Contact No.	81980609
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 STATED DATE AND TIME, I WAS DRIVING MY VEHICLE SKW4330U ALONG CTE TOWARDS PIE CHANGI. I WAS TRAVELLING STRAIGHT IN MY LANE, TRAVELLING AT A SLOW SPEED AS THERE WAS VEHICLE AHEAD SLOWING DOWN. WHILE DRIVING, I SUDDENLY FELT AND HUGE IMPACT ON MY VEHICLE REAR PORTION, THE IMPACT CAUSED MY VEHICLE TO PROPELLED FORWARD TOWARDS THE FOURTH LANE, THERE WAS A MALAYSIA BIKE JQQ2234 COULD NOT STOP IN TIME AND COLLIDED AGAINST MY VEHICLE LEFT PORTION. AFTER THE ACCIDENT, WE GOT OUT OF OUR VEHICLE AND THERE WAS ANOTHER VEHICLE SJX4354H SAID THAT HE WAS INVOLVED IN THIS ACCIDENT. HOWEVER I'M UNSURE HOW VEHICLE SJX4354H GOT HIT. I WISH TO STATE THAT I WAS TRAVELLING STRAIGHT IN MY LANE AND

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200403/7022

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Report No. T/20200403/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/04/2020 17:06

Classification Of Case:

Accident Photo



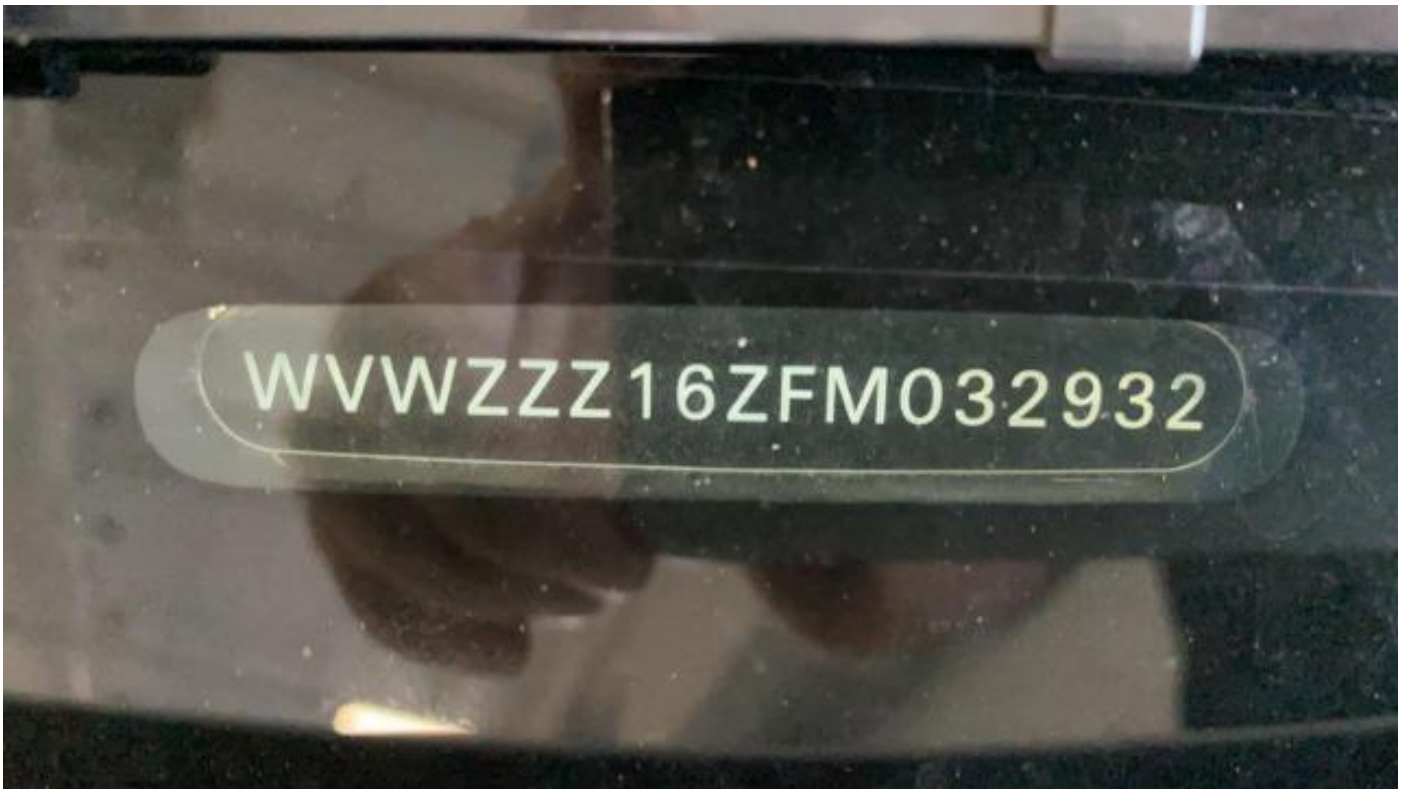
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: N400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M10420041023 Vehicle Registration No : 8XW 43304
Name (as shown in NRIC) : M1190YAO NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 8198 0609
Email Address : _____
Date of Accident : 03/06/2020 Time of Accident : 15:30
Place of Accident : C7K TOWARDS PKE CHANGI
Insurance Company : M&L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF BIRTH To 30/06/1979

Policyholder / Driver's Signature
Date:

27/06/2020
Reporting Centre Personnel's Signature
Name: Kardi
NRIC/FIN No.:
Date: