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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	04/09/2020 14:30
Date Of Accident	03/09/2020 15:40
Exact Location Of Accident	PIE CHANGI AFT JUNC OF TOH GUAN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ7572M
Insured/Policyholder	
Name Of Registered Owner	TAN KAH CHOON
NRIC No	SXXXX087B
Email Address	KAHCHOON003@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96377709
Alternative Phone No	OTHERS-96377709
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	B 300290079 QMX
Cover Note Number	
Driver	

Name of Driver TAN KAH CHOON NRIC No SXXXX087B Date Of Birth 04/03/1989 Occupation **OUTDOOR** Date Of Driving Pass 05/10/2010

Driving Experience 9 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96377709

Fax Number

OTHERS-96377709 Contact Number

EMail Address KAHCHOON003@GMAIL.COM

BLK 514 WOODLANDS DRIVE 14 Address

#06-121

Postcode 730514

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **DRIZZLING** 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

NO

YES

YES

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance? Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200904/7007

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: WITH DRIVER FILES TO BIG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMS2942P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver TAN EE TECK NRIC/Passport Number SXXXX257F **Contact Number** 97362593

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KAH CHOON

Approximate Age

Injuries Sustain **SLIGHT** Injured person in which vehicle? SMJ7572M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
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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)

Lunderstand, 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")
- (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.
- 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: 4/9/20

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				
	PIL C	MANGI AF	JUNC OF	704 GUA
				RD
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A-SMJ	757)m			
B-SMS:	201120	IAT		
13-31113	19422			
		(B)		
		1-		
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	4 4		
		1		
010 101 1	4.	mud: -1.	- /	
Pls repu to	the prome	report. 1/2	0200904/700	,
				-
ECLARATION				
Ve declare the foregoing particular	rs are true in every respect.			
			,	
In			Hym 041	04/20
licyholder's Signature	Driver's Signature	Rep	porting Centre Personnel's Sig	nature
te & Time: 4/9/20	(If driver is not the policyh		me:	
12 pm	Date & Time:	NR	IC/FIN No.:	

Individual Statement





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

2 of 3

CONTINUATION OF REPORT

	ehicle Insurance	-		
Vehicle No.	Insurance Company	Insurance No	1761	
SMJ7572M	MSIG INSURANCE (SINGAPORE)		Check As	Expiry Date
	PTE, LTD.	300290079	20/01 1020	19/03/2021

Any Pedestrian	nvolved: No				
No. of Pedestria	ns Injured: NIL		Lien of Do	destroy of	VIDEO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Driver	THE RESIDENCE	AND STATE	OSE OF PE	destrian Cros	sing: NA
Name	TAN KAH CHOON			ID No	880070073
Related Vehicle	SMJ7572M (Car)			Contest No	96377799
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Exolog: NIL
Date	04/09/2020		Date		mann
No. of Days gran	ted Medical Leave	03	Degree of	Slight	12020

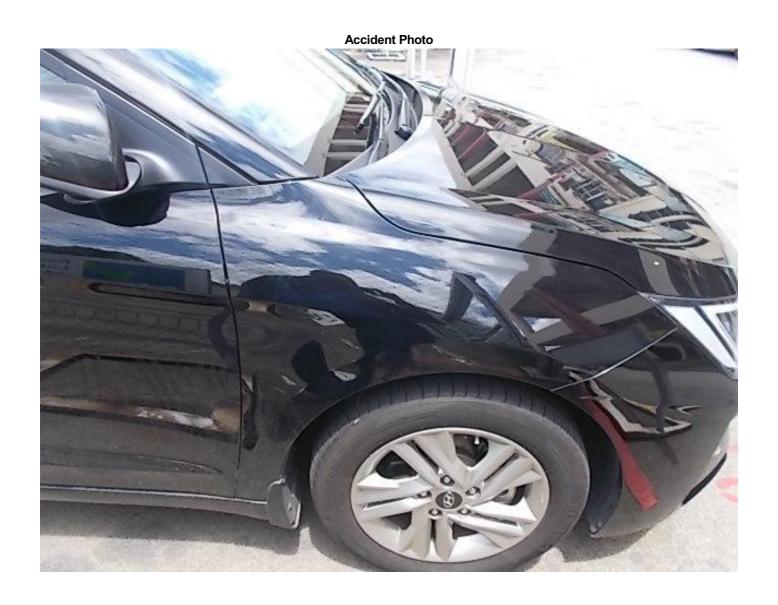
Brief Details.

I was travelling Towards pie Changi after junction of toh guan road. I was in the inner lef lane, when the car on my right suddenly switch lane and collide onto my driver side damaging my car driver door & rear door & rear

Due to the impact and abrupt braking on collision, I suffer giddiness and pain to my neck area.

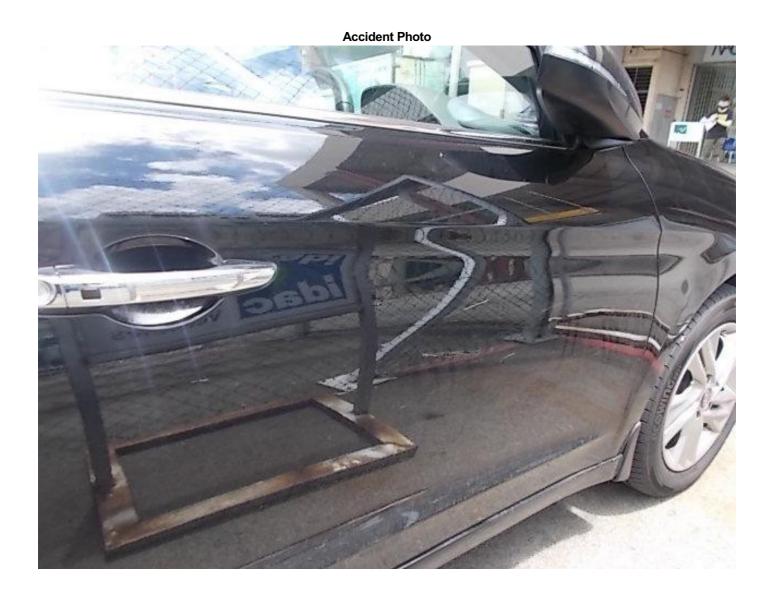


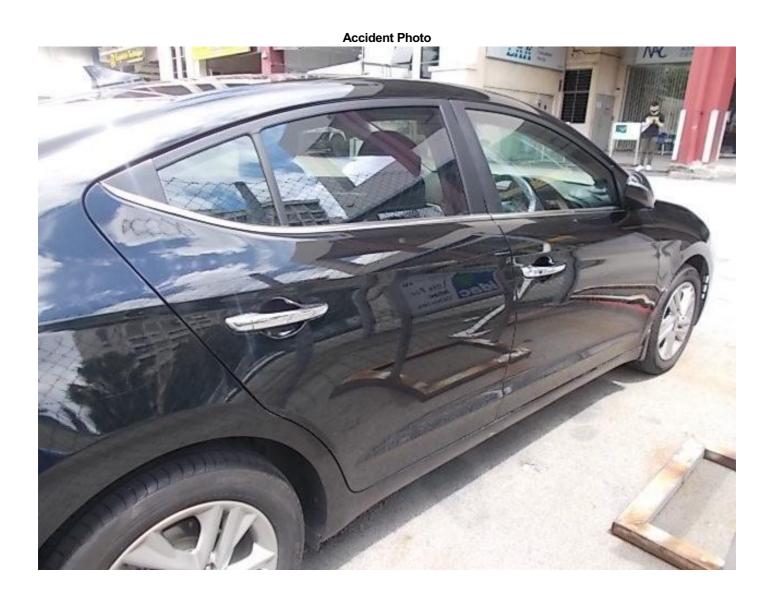




















Police Report





Police Statum Of Organ: Tranic Police 10 Ubl Avenue 3 SINGARORE 408885 Tel stot 85476125 1 of 3 Report No. 7/20200904/7007

Data-Time Report Mase: 040 aug. 2		Vide Report No.:	Station Diary No.
Informantis Par	Coulers -	The second section	
Marie Clorum TAN KAH CHIS	10	Address: 514 WOODLANDS DRIVE 14	4 #06-121 SINGAPORE 730514
ON THE STREET	1975	Contact No Home/Office	Mobile: 96377709
Version in SINGAPONE A		Email: KAHCHOCN003@GMAIL.CO	DIM
Sax 54	Date of Birth: 04/03/1989	Type of Informant: Driver	
Autori Storia		Language: English	Institution / School Name:
Designings Seles and recha-	ting manager	Driving Licence Information: Class: 3	Date of Expiry:

Type or Accommit	Titly Others	Drink Drive: No	Date/Time of Accident: 03/09/2020 15:40	Type of Location Straight Road
Sendon Tentro de Co	nitur-juncdol	of toh guan road		
Opacili -		Road Surface: Wet		oad Speed Limit: 3 Km/n
We for Scale 154 On 7.57 Type C Type 25			54	oad Speed Limit: 3 Km/n raffic Volume: ght

Verification and pro-	Make	Model	Color	Conditio	No of
RH (TETRIX (TOLE)	HYUNDAI	AD AVANTE 1.6 GLS (A) S	Black		0
SMSDAM2P	-ONDA	Vessel	Black	Slightly Damaged	2

Police Report



MANAGEMENT OF THE PROPERTY OF

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408856 Tel No: 65470000

04/09/2020

No. of Days granted Medical Leave

2 st3 Tablis III. Tário stocknom

CONTINUATION OF REPORT

Details of Ve	hicle Insurance			
A STATE OF THE STA	Insurance Company	Innues a kin	1.00	
SMJ7572M	MSIG INSURANCE (SINGAPORE) PTE, LTD.	Insurance No 300290079	Effective W.M., Ker	Expiry Date 19/03/2021
Details of Per	son involved			
No. of Pedesti	n Involved: No lans Injured: Nil.	How of Paris		
Oriver		Use of Padastrian	Großeing: AL	
Name	TAN KAH CHOON	ID No.	8657(0)	
Related Vehicl	© SMJ7572M (Car)	Sontre	No 9697770	-
Hospital/Clinic	NIL	Class of Driving License Expire	Date of Eu-	iliy N.L

Brief Details.

I was travelling Towards pie Changi, after junction of toh guan road. I was in the inner let lane, when the car on my right suddenly switch lane and collide onto my driver side demaging my car driver door & rear door & amp; right fender.

Date

Degree of

04/129/2000

Slight

Due to the impact and abrupt braking on collision, I suffer giddiness and pain to my neck ergs.

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Police Report





Police State in Ortological Training Police 13 Lichnese Ltd 1 MAGASTORIE 406864 Total and Francisco

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3 of 3 Report No. T/20200904/7007

CONTINUATION OF REPORT

Signature C Not applicat	101 Jil Recording The Report
Pignariana National Services	To California 16
Control III C TRUM SE SEVENISE BAIL	ACT OF CASE. YE SAR DAN BINTE SYED MOHD.
Contest No. Authors reserving	05c76172 - kingy

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature required.	is.
Date/Time: 04/09/2020 11:19	
Classification Of Case:	