

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	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	
Contact Number	OTHERS-96377709
Email Address	KAHCHOON003@GMAIL.COM

Address	BLK 514 WOODLANDS DRIVE 14 #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

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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
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	TRAFFIC POLICE DIVISION HQ
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

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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
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?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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) 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: 4/9/20

12pm

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 CHANGE1 AFT JUNC OF TOH GUAN RD

A-SMJ7572M
B-SMS2942A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200906/7007

DECLARATION

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

Policyholder's Signature

Date & Time: 4/9/20

12 pm

Signature must be in ink

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



7-2020-ED-7007

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

2 of 3

Report No: 7/2020/1904/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ7572M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300290079	20/01/2020	19/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN KAH CHOON		ID No	SP2970873
Related Vehicle	SMJ7572M (Car)		Contact No	96377706
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/09/2020		Date	04/09/2020
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details:

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T20200904/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3, SINGAPORE 408885
Telephone 63476125

1 of 3

Report No.: T20200904/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2020 15:45	Video Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: TAN KAH CHOON	Address: 514 WOODLANDS DRIVE 14 #06-121 SINGAPORE 730514	
Identification No. NP 190153270372	Contact No. Home/Office	Mobile: 96377709
Nationality: SINGAPORE CITIZEN	Email: KAHCHOON003@GMAIL.COM	
Sex: Male	Date of Birth: 04/03/1999	Type of Informant: Driver
Current Occupation: Sales and marketing manager	Language: English	Institution / School Name:
Driving Licence Information: Class: 3	Date of Expiry:	

General Information of the Accident

Type of Accident: Junction Others	Drink Drive: No	Date/Time of Accident: 03/09/2020 15:40	Type of Location: Straight Road
Location: Tanjong Pagar, after junction of toh Guan road			
Weather: Sunny	Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Selling Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No. / Type	Make	Model	Color	Condition	No. of
18W 17672M - Blue	HYUNDAI	AD AVANTE 1.8 GLS (A) S	Black		0
SMS2942P	HONDA	Vessel	Black	Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65476000

2 of 3
Ref: 202009040007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ7572M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300290075	30/01/2020	15/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NIL	
Driver			
Name	TAN KAH CHOON		ID No. 880770013
Related Vehicle	SMJ7572M (Car)		Contact No. 96377775
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: N/L
Date	04/09/2020		Date 04/09/2020
No. of Days granted Medical Leave		03	Degree of Slight

Brief Details.

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

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

Police Report



SINGAPORE
POLICE FORCE



T/20200904/7007

Police Station Of Origin:
Traffic Police
CD Licence No: 1 HANGARUPH 406863
Tel: 67377000

3 of 3

Report No: T/20200904/7007

CONTINUATION OF REPORT

Signing Party:

Informant may write provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
Not applicable

Classification Of Case:
TP/11/12
Subject: 34 FARIZAN BINTE SYED MOHD
EAL
Case No: 65-78172
Authorisation Ref: 65-78172
MOS

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

Date/Time:
04/09/2020 11:19

Classification Of Case: