

## 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	05/09/2020 11:36
Date Of Accident	04/09/2020 16:40
Exact Location Of Accident	KJE TWRDS BKE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ1321K
Insured/Policyholder	
Name Of Registered Owner	FAVOURITE CAR RENTAL PTE LTD
Co Reg No	2XXXXX589K
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-91998131
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA / PRIUS HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A40000207 MCX
Cover Note Number	
Driver	
Name of Driver	SOH HWA BENG
NRIC No	SXXXX911F
Date Of Birth	18/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1983
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94872351
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 540 JELAPANG ROAD #18-32
Postcode	670540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	3
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)	3
Passenger 1	NAME: : GOJEK PASSENGER GENDER: : MALE
Passenger 2	NAME: : GOJEK PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20200904/2121;

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA6554U
Vehicle Make/Model/Colour	AUDI / A3 SEDAN 1.0 TFSI S TRONIC (LED)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM THIAM POH

NRIC/Passport Number SXXXX058B  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YQ424A  
Vehicle Make/Model/Colour HINO / XZU710R 14FT WIDE CAB 5T  
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 SOH HWA BENG  
Approximate Age 56  
Injuries Sustain  
Injured person in which vehicle? SMJ1321K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address BLK 540 JELAPANG ROAD #18-32  
Postcode 670540



## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

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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: 04/09/2020

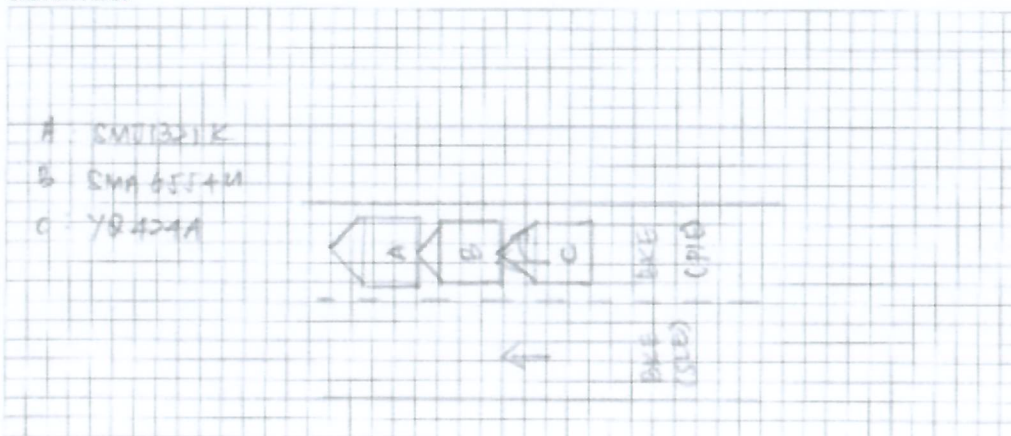
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04/09/2020

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: -5 SEP 2020

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref  
To Police Report

### DECLARATION

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



Policyholder's Signature

Date & Time: 04/09/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 04/09/2020

IDAG KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

-5 SEP 2020

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200904/2121

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20200904/2121

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2020 21:18		Vide Report No.:		Station Diary No.: 129	
<b>Informant's Particulars</b>					
Name of Informant: SOH HWA BENG			Address: APT BLK 540 JELAPANG ROAD #18-32 SINGAPORE 670540		
ID Type / ID No.: NRIC NO / S1628911F			Contact No.: Home/Office: Mobile: 94872351		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 18/08/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GoJek Driver			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: 04/09/2020 16:40	Type of Location: Roundabout
Location:  KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SMA6554U	Car				Seriously Damaged	0
SMJ1321K	Car				Seriously Damaged	2
YQ424A	Lorry				Seriously Damaged	1



## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200904/2121

2 of 3

Police Station Of Origin:

Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Report No. T/20200904/2121

CONTINUATION OF REPORT

### **Brief Details.**

On the 04/09/2020, at about 1625hrs, I went to Bukit Batok to fetch 2 passenger to Yishun. I was on the way on KJE towards BKE/SLE. At about 1640hrs, due to heavy traffic, my car(SMJ1321K) have stopped at the roundabout and behind my car was a black Audi(SMA6554U) have also came to a stop. Suddenly, the car behind me banged into me and I came out of my car and realized it was a white lorry(YQ424A) have banged into the black Audi and the black Audi banged onto my car.

I wish to state that there was no traffic police or ambulance at scene. There was no visible injuries on my passengers and also on the other 2 drivers. I then went to Prohealth Medical clinic as I felt a pain on my back and the doctor gave me 3 days MC.

Accident Sketch Plan



SINGAPORE  
POLICE FORCE



T/20200904/2121

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20200904/2121

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:

J /

SC2 TAN YI ZHANG

Yiz

Signature Of Informant:

Sh

Signature Of Interpreter:

Not applicable

Date/Time:

04/09/2020 21:18

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

