## 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/09/2020 10:48
Date Of Accident	05/09/2020 13:55
Exact Location Of Accident	JUNC NEWTON RD & THOMSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EN3139G
Insured/Policyholder	
Name Of Registered Owner	WONG LOKE LIN AILEEN
NRIC No	SXXXX205B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96872139
Alternative Phone No	OFFICE-96872139
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS STANDARD AUTO
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	B300307018QMY
Cover Note Number	

## **Driver**

Name of Driver WONG LOKE LIN AILEEN

NRIC No SXXXX205B
Date Of Birth 28/02/1978
Occupation INDOOR
Date Of Driving Pass 20/01/1998

Driving Experience 22 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96872139

Fax Number

Contact Number OFFICE-96872139

EMail Address NOEMAIL

2 TOH TUCK WALK Address

Postcode 596582

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 SIDE SWIPE Weather Conditions **RAINING** 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? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

NO

Passenger 1

NAME: : VINCENT FOO KOK SENG

GENDER: : MALE

### **Details of Police Action**

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE POST

ROAD: BLK 427 CLEMENTI AVENUE 3, POSTCODE: 120427, COUNTRY: Police Station Address

**SINGAPORE** 

NO

Police Station Contact TEL NO: 1800-7759999 - FAX NO: 67764246

Was notice of intended Prosecution given?

If Yes, against whom?

# **Circumstances of Accident**

REFER TO POLICE REPORT - T/20200905/2077.

## Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMS567C Vehicle Make/Model/Colour BMW X1

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver **CHERRY ZHU** 

NRIC/Passport Number

Contact Number 81282446 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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:
  - 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:

19/2020

 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)

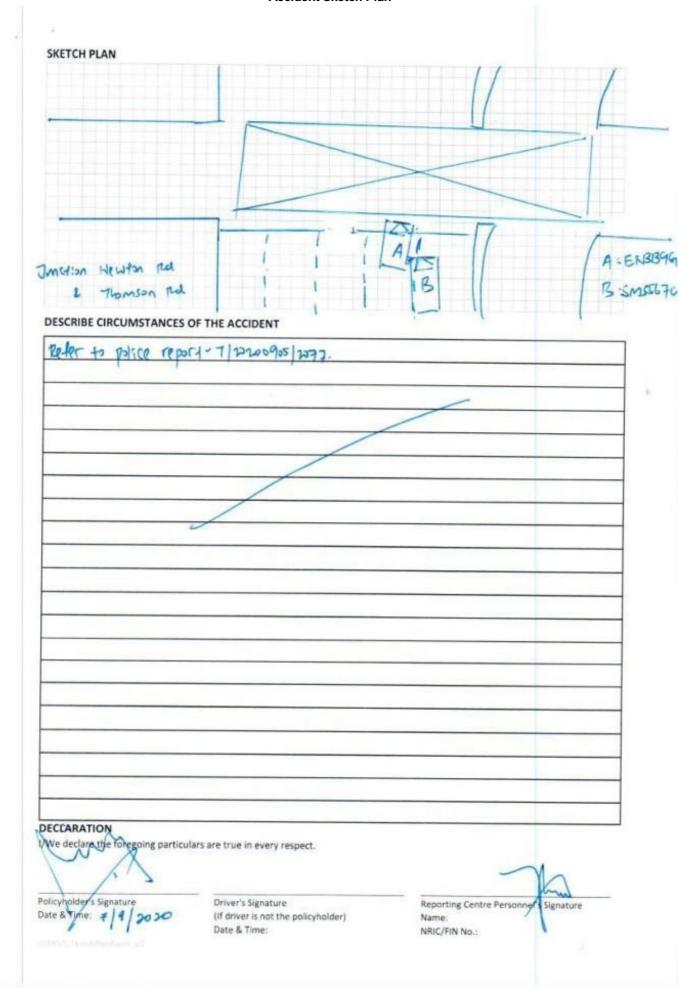
Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

# **Accident Sketch Plan**







1 of 4

Report No. T/20200905/2077

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456

SINGAPORE 120427 Tel No: 1800-7759999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:			Vide Report No.:		Station Diary No.	
05/09/2020 18:32			E/20200905/0100		26	
Informant	's Partice	ulars		TO STATE OF		
Name of I			Address: 2 TOH TUCK WALK SINGAP	ORE 596582		
ID Type / ID No.: NRIC NO / S7804205B			Contact No.: Home/Office:			
Nationality		EN	Email:			
Sex: Female	Age:	Date of Birth: 28/02/1978	Type of Informant: Driver			
Race: Chinese			Language:	Institution /	School Name:	
Occupation: Accountant			Driving Licence Information: Class: 3	Date of Ex	piry:	

Type of Accident:	Non-Injury Attended by Police			Type of Location X-Junction	
Location:  NEWTON RO  Weather: Raining	DAD	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate	
Type of Collis Between Mov	Anyone conveyed by ambulance: No				

Details of v	ehicle Invo		14. 4.1	Calar	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	Color		140 Of F dascingo
EN3139G	Car	TOYOTA	COROLLA ALTIS STANDARD AUTO		Slightly Damaged	1
SMS567C	Car	BMW	X1	White	Slightly Damaged	2

Details of Vehicle Insurance		F. (1 - 1)	Tuning Data
Vehicle No Insurance Company	Insurance No	Effective	Expiry Date





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Report No. T/20200905/2077

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

# CONTINUATION OF REPORT

Details of V	ehicle Insurance	T. No.	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Ellective	
		300307018	26/04/2020	25/04/2021
EN3139G	MSIG INSURANCE (SINGAPORE)	300307010	20/0 112020	

etails of Person	Involved				
Any Pedestrian In	volved: No	Use of Ped	antrian	Crneei	na: NA
No. of Pedestrians	Injured: NIL	Use of Ped	estnan	CIUSSI	ilg. NA
assenger			ID N		S6925913H
Name	VINCENT FOO KOK SENG		ID No.		2092291311
Related Vehicle	EN3139G (Car)		Contact No.		NIL
Hospital/Clinic	NIL			of l e & Date	Class: NIL Date of Expiry: NIL
		Date Disc	-	NIL	
Date Treatment	NIL ed Medical Leave NIL	Degree of		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of			ALC: A LABOR DE
Driver	Part of the second seco		ID No.		S7804205B
Name	WONG LOKE LIN AILEEN		ID No.		370042000
Related Vehicle	EN3139G (Car)			ct No.	96872139
Hospital/Clinic	NIL			of g ce & Date	Class: 3 Date of Expiry: NIL
	NIL	Date Disc	harge	NIL	
Date Treatment			of Injury NIL		
	ted Medical Leave NIL				
Driver	I		ID No		NIL
Name	ZHU HUA		(Amasoxovi)		M. M. S.
Related Vehicle	SMS567C (Car)		Contact No.		81282446
Hospital/Clinic	NIL	Class Drivin Licen	ig	Class: NIL Date of Expiry: NIL	
		Date Dis		NIL	
Date Treatment	Date Treatment INIL			-	
No of Davis aras	nted Medical Leave NIL	Degree o	of Injury	INIL	



T/2020905/2077

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Report No. T/20200905/2077

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

## CONTINUATION OF REPORT

## Brief Details.

On 05/09/2020 at about 1355hrs, I was driving my grey Toyota Corolla Altis reg no: EN3139G together with my husband. The road surface was wet as it was raining. I stopped my car on lane 2 at the traffic light junction of Newton Road and Thomson Road. I was going straight towards Moulmein Road direction.

When the traffic light turned green, I drove my car forward and heard a bump on the right side of my car, I realized a white BMW car reg no: SMS567C who was on the 1st lane had collided onto the right side of my car. I then stopped in the middle of the junction and decided to make a U-turn to meet up with the BMW car however the said BMW car continues driving, turning right towards Thomson Road. At this juncture, I was already making the U-turn thus my husband alighted from the car to chase after the said BMW car. The said car then stopped before Essex Road. After the car stopped and while my husband waiting for me to arrive, a Police car stopped to check and assist.

After I managed to locate the said BMW car, I stopped behind the Police car. I approached the officer and told them my side of story. After that, I went to the driver of the said BMW car to exchange name and contact numbers. I also saw two kids in the said car however no medical assistance was required.

I then made a check on my car and it sustained dents and scratches on the right side of the car from the front driver door to rear passenger door. My car is equipped with in-car camera and it is working and I will try to retrieve the video footages.

For the said BMW car, it sustained dents and scratches on the left side of the front bumper.

I am lodging this report for Traffic Police necessary actions.





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Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

Report No. T/20200905/2077

## 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 D / Sr Staff Sgt ABDUL KHABIR BIN MOHAM YUSOF	
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2020 18:32
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168	SN 40





