

## 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	03/10/2020 10:34
Date Of Accident	02/10/2020 23:15
Exact Location Of Accident	HOOT KIAM ROAD INFRONT ZION FULL GOSPEL CHURCH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SW23M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN MUN SIN
NRIC No	SXXXX799H
Email Address	MSCHAN_@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96233082
Alternative Phone No	OFFICE-96233082

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN 1.4ACTHLBMTFR 110TSID6F
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	A29107498AV2
Cover Note Number	

### Driver

Name of Driver	TEO TEE YONG
NRIC No	SXXXX363J
Date Of Birth	16/04/1970
Occupation	INDOOR
Date Of Driving Pass	12/06/1992
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96668180
Fax Number	
Contact Number	
EEmail Address	TYTEO@ROCKETMAIL.COM

Address	95 PRINCE CHARLES CRESCENT #23-14 SINGAPORE
Postcode	159027
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	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)	3
Passenger 1	NAME: : ANDREW GENDER: : MALE
Passenger 2	NAME: : ROGER GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO SKETCH PLAN

### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7929H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG AH TECK
NRIC/Passport Number	SXXXX491I
Contact Number	91993971
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TEO TEE YONG

Approximate Age

Injuries Sustain BACK PAIN

Injured person in which vehicle? SW23M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN**

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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.

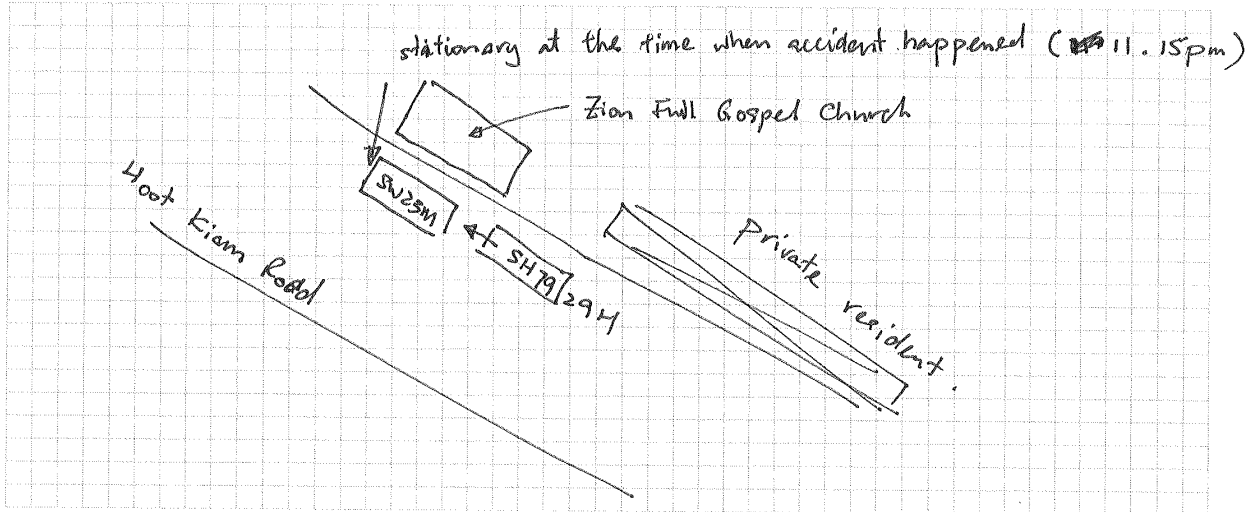
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2/10/2020  
10.50 am

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 <sup>nd</sup> Oct 2020, at 11.15pm, accident happened.
My vehicle SW23M was stationed on the roadside <del>to</del> right in front of Zion Full Gospel Church <del>at the point</del> for about 15 min. My 2 passengers and I were in the vehicle. Suddenly, the taxi SH7929H banged into my back with big impact.
The weather <sup>Rainy</sup> was yet to start when accident happened, and only drizzle <del>after</del> <sup>after</sup> a short while after we were checking on each other.
Taxi no: SH7929H
Taxi driver: Wong Ah Teck
His contact: 9199 3971
His IC: SXXX04911
My vehicle: SW23M
My name: Teo Tee Hong
My contact: 9666 8180
My IC: SXXX2363J

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: 3/10/2020

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

CIAREP S. 40(2)(b) 2014


10.50am



Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

001197434G




TEO TEE YONG  
(ZHANG ZHIYONG)

Birth Date: 16 Apr 1970  
Issue Date: 16 Apr 2004

001197434G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7012363J



Name  
TEO TEE YONG

张智勇

Race  
CHINESE

Date of birth  
16-04-1970

Sex  
M

Country of birth  
SINGAPORE

S7012363J


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Jun 1992


NP 428A

Licence No: S7012363J

4031931



NRIC No: S7012363J



Date of issue  
02-04-2007

95 PRINCE CHARLES CRESCENT #23-14  
SINGAPORE 159027

NRIC No: S7012363J Date: 09/06/2019

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Identification Card



Address  
APT BLK 274 CHOA CHU KANG AVENUE 2  
#16-235  
SINGAPORE 2368



Issue Date: 12-10-1994

Serial No: S04104911



S&F 1994



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S04104911

Name

WONG AH TACK

Race 黄亚德

CHINESE

Date of Birth

10-11-1945

Country of Birth

SINGAPORE

Sex

M



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

