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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/10/2020 11:48
Date Of Accident	28/10/2020 11:00
Exact Location Of Accident	ALONG CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ1639U
Insured/Policyholder	
Name Of Registered Owner	QUEK HOCK SIONG
NRIC No	SXXXX515A
Email Address	GRACEONG.0328@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90050081
Alternative Phone No	OTHERS-94563798
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80480257 QMX
Cover Note Number	
Driver	

	١,	

Name of Driver ONG MARY GRACE CANDIA

NRIC No SXXXX971J Date Of Birth 28/03/1990 Occupation **INDOOR Date Of Driving Pass** 08/06/2017

Driving Experience 3 YEARS AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-90050081

Fax Number

OTHERS-94563798 Contact Number

EMail Address GRACEONG.0328@GMAIL.COM

BLK 91A TELOK BLANGAH STREET 31 Address

#21-217

Postcode 101091

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

NO COLLISION Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

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)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **CLEMENTI N.P.C**

ROAD: 20 CLEMENTI AVE 5, POSTCODE: 129858, COUNTRY: Police Station Address

SINGAPORE

2

NO

1

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20201029/7002

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties PEDESTRIAN Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:
 - 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)

Mary

Date & Time: 11:22 am

29/10/2020

seporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN	
	akmika71 Auhause 2.
	<u> </u>
	1 / RUNNALINATA
	A) SLQ 16394. 8) PEOFCIRIAN
	TO 4 B) PEOPLS (KIBNO
SCRIBE CIRCUMSTANCE	
RATTUR TO PI	MUKRHOP P 20201029 7002
DECLARATION	2
	particulars are true in every respect.
	1-0 m/ 29/16/2020
Policyholder's Signature Date & Time:	Ong Many Ora U Driver's Signature (If driver is not the policyholder) Date & Time: 11: 22 an NRIC/FIN No.:
GIARNIC Shirtch Plan Firm VI	29/10/2020

POLICE REPORT





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000 Report No. D/20201029/7002

Vide Rep	ort No.		Station Diary No	
			‡21-217	
Contact No. Home/Office: Mo		Mobile: 94563798		
Email Address				
Sex Female	Age 30	Date of Birth 28/03/1990	Race Filipino	
Language				
Location Of Incident 91A TELOK BLANGAH STREET 31 #21-217				
ng accident				
6) turning righ	t towards	Clementi avenue 2	2	
	Address 91A TELC SINGAPO Contact N Home/Off Email Add graceong Sex Female Language English Location 0 91A TELC SINGAPO	91A TELOK BLANC SINGAPORE 10109 Contact No. Home/Office: Email Address graceong.0328@gr Sex Age Female 30 Language English Location Of Inciden 91A TELOK BLANC SINGAPORE 10109	Address 91A TELOK BLANGAH STREET 31 # SINGAPORE 101091 Contact No. Home/Office: Mobile: 94563798 Email Address graceong.0328@gmail.com Sex Age Date of Birth Female 30 28/03/1990 Language English Location Of Incident 91A TELOK BLANGAH STREET 31 # SINGAPORE 101091	

Brief details;

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2020 03:36
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

POLICE REPORT





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201029/7002

On the above mentioned date, time and location. I was driving my car (SLQ1639U) Turning right from car park (CLC6) towards Clementi avenue 2.

I was looking from my right and left side to see if there are incoming vehicles, when I confirmed that it was cleared, no incoming vehicles on my right and left side, I proceeded to make a right turn.

when I am about to go into the first lane, I saw the pedestrian rushing to cross the road without noticing my car coming. Immediately I stepped into my brake but because she was fast, the front of my car almost hit her.

she was carrying heavy stuffs and she fell down on the road. Immediately I rushed down to check if she was ok and brought her to the nearest policlinic. I followed her to the clinic to check and did Xray, so far there were no injuries other than her left wrist.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2020 03:36
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



















