

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 Submission 07/12/2020 19:00 (SGT)
Date of Accident 06/12/2020 15:25 (SGT)
Exact Location of Accident Chin Swee Rd, Singapore
Additional Location Information NEAR BLOCK 52
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG5655Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAY CHIEW LANG
NRIC No SXXXX800H
Email Address kokokjong@gmail.com
Mobile Phone No (Phone) +65-96503311
Alternative Phone No +65-96503311

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Outlander
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 29146780 QMY
Cover Note Number -

DRIVER

Name of Driver KO KOK YONG @ KO KOK JONG
NRIC No SXXXX878Z
Date Of Birth 06/04/1953
Occupation Indoor

Date Of Driving Pass	21/07/1986
Driving experience	34 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96503311
Alt. Phone Number	-
Email Address	kokokjong@gmail.com
Address	BLK 128 #09-46
Address complement	BUKIT MERAH VIEW
Postcode	150128
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20201227/2057

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5554U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KIAT CHUA
NRIC No	SXXXX131C

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

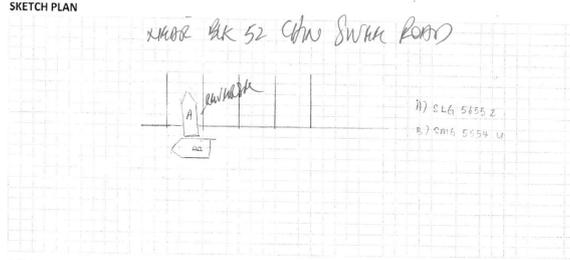
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:	_____ Driver's Signature (If driver is not the policyholder) Date & Time:	 _____ Reporting Centre Person's Signature Name: NRIC/FIN No.:
--	--	---

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AFTER I ASKED NO ONCOMING VEHICLE, I STARTED TO REVERSE MY CAR VERY SLOWLY. VEHICLE B APPARENTLY ENTERED THE AREA TO PICK UP PASSENGERS.

HE FAILED TO STOP HIS VEHICLE EVEN THOUGH HE SAW MY VEHICLE AND THUS HIT INTO THE REAR SIDE OF MY VEHICLE

DECLARATION

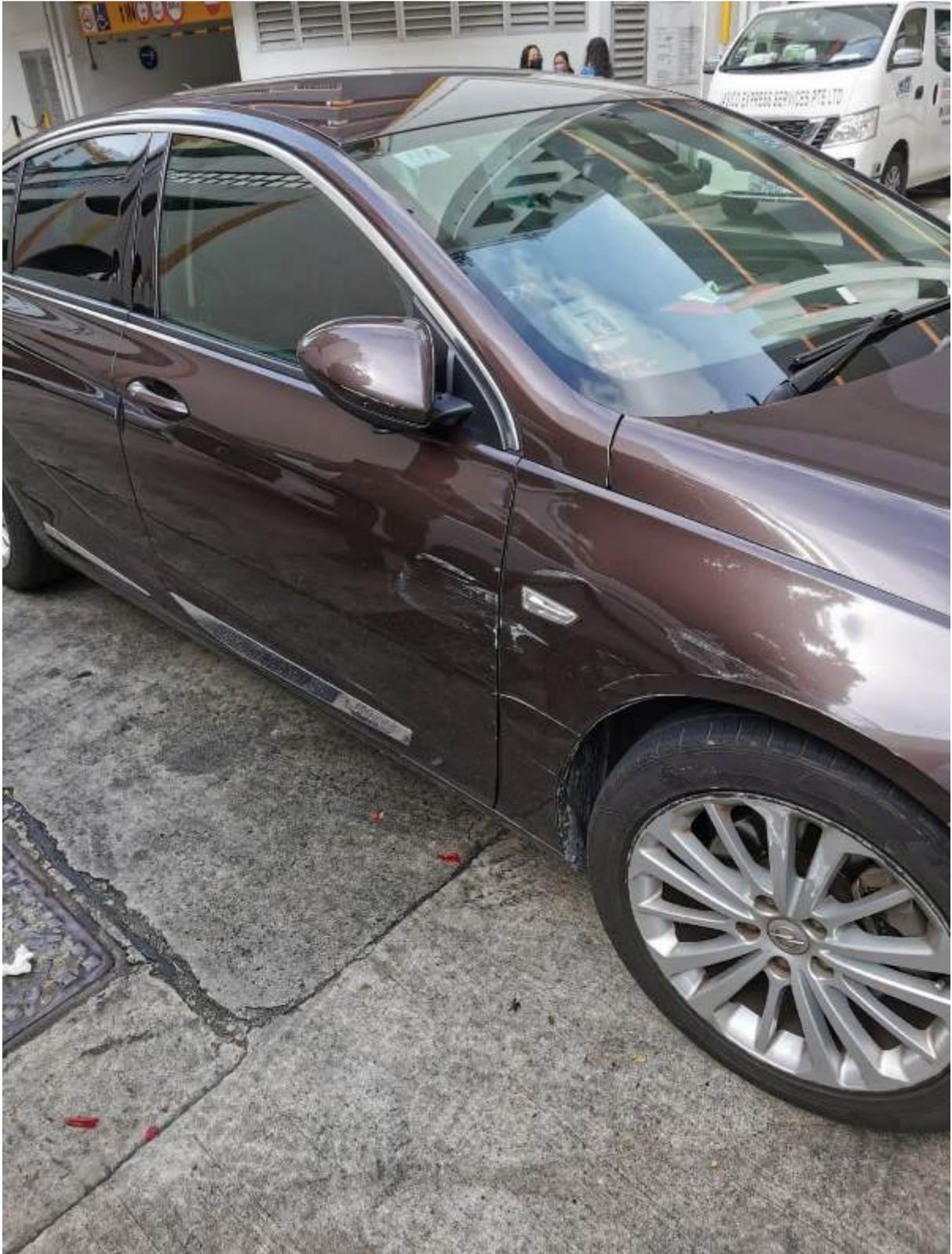
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature: *[Signature]*
 Date & Time: _____
 Driver's Signature (If driver is not the policyholder): _____
 Date & Time: _____
 Reporting Centre Person's Signature: *[Signature]*
 Name: _____
 NRIC/FIN No.: _____



























**SINGAPORE
POLICE FORCE**



T/20201227/2057

Police Station Of Origin:
Bukit Merah West N.P. C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3
Report No. T/20201227/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2020 15:58 Vide Report No.: Station Diary No.: 42

Name of Informant: KO KOK YONG		Address: APT BLK 128 BUKIT MERAH VIEW #09-46 SINGAPORE 150128	
ID Type / ID No.: NRIC NO / S2001878Z		Contact No.: Home/Office: Mobile: 96503311	
Nationality: SINGAPORE CITIZEN			
Sex: Male	Age: 67	Date of Birth: 09/04/1953	Type of Informant: Driver
Race: Chinese		Language: Chinese Institution / School Name:	
Occupation: Chef		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2020 15:30	Type of Location: Straight Road
Location: CHIN SWEE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: REAR TO SIDE		Anyone conveyed by ambulance: No		

Plate No.	Vehicle Type	Damage	Count
SLG5655Z	Car	Slightly Damaged	0
SMG5554U	Car	Slightly Damaged	0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201227/2057

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3
Report No. T/20201227/2057

CONTINUATION OF REPORT

Name	KO KOK YONG		ID No.	S2001678Z
Related Vehicle	SLG5655Z (Car)		Contact No.	96503311
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name	LIM KIAT CHUA		ID No.	S7031131C
Related Vehicle	SMG5554U (Car)		Contact No.	0
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 06/12/2020 at about 1530hrs, I was reversing out from the parking lot and suddenly, I collided into the right side of a car bearing number plate: SMG5554U. The Collision is rear to side. No one was injured. We exchanged particulars and went for our own insurance claims. I wish to state that, I parked into the lot head in, and therefore, I had to reverse my car in order to leave the carpark, after I am done with my groceries. I do not have any camera footage available.

However, on the 26/12/2020 at about 2100hrs, I opened my letter mail box and discovered a letter from Traffic Police ref. TP/IP/55369/2020 and advised me to lodge a police report relating to the accident. That is all



**SINGAPORE
POLICE FORCE**



T/20201227/2057

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3
Report No. T/20201227/2057

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 / Staff Sgt DARRICK TOH JIAN RONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2020 15:56
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 45
Authentication Stamp nr16a	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S66550000 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0820C70009 Vehicle Registration No: SL6 565 Z
 Name (as shown in NRIC): Ko Kok Yung @ Ko Kok Jeng NRIC/FIN/Passport No: SXXXX878Z
 (*Vehicle Driver / Vehicle Owner) (*Please delete as appropriate)
 Address: Blk 128 Bukit Merah View #09-46 Singapore (50128)
 Contact (Tel): _____ Mobile No.: 96503311
 Email Address: kokkokyung@gmail.com
 Date of Accident: 06/12/20 Time of Accident: 15:25
 Place of Accident: Chin Swee Road near Block 62
 Insurance Company: M&I

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach police report T18201227/2057

 Policyholder / Driver's Signature
 Date: _____

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