

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 20:41 (SGT)
Date of Accident 06/12/2020 17:30 (SGT)
Exact Location of Accident Old Choa Chu Kang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS833X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAM WEI CHOONG
NRIC No SXXXX680B
Email Address lam.aspects@gmail.com
Mobile Phone No (Phone) +65-96384971
Alternative Phone No +65-96384971

VEHICLE PARTICULARS

Manufacturer Opel
Model CASCADA
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 80461129 QMY
Cover Note Number -

DRIVER

Name of Driver MRS LAM WEI CHOONG NEE LEE KUO PEI
NRIC No SXXXX711J
Date Of Birth 02/11/1956
Occupation Indoor

Date Of Driving Pass	16/10/1979
Driving experience	41 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93897275
Alt. Phone Number	-
Email Address	lam.aspects@gmail.com
Address	4 JALAN KEBAYA
Address complement	-
Postcode	827292
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE PIK KHUEN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201207/7044

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	SKU9248C
Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AFANDI BIN ABU BAKAR
NRIC No	SXXXX808C
Contact Number	(Phone) +65-96865447
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MRS LAM WEI CHOONG NEE LEE KUO PEI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS833X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE PIK KHUEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS833X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	LEE PIK KHUEN
Phone	-
Email	-

SKETCH PLAN

Veh A: SLS 833X
Veh B: SKV 9248C

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature

Date & Time:
7/12/20 5:55 pmDriver's Signature
(If driver is not the policyholder)Date & Time:
7/12/20 5:55 pm

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

GIA/NC Sketch Plan Form_V3
































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T/20201207/7044

1 of 3

Report No. T/20201207/7044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 17:05 Vide Report No.: Station Diary No.:

Name of Informant: MRS LAM WEI CHOONG NEE LEE KUO PEI			Address: 4 JALAN KEBAYA SINGAPORE 278292		
ID Type / ID No.: NRIC NO / S1151711J			Contact No.: Home/Office: Mobile: 93897275		
Nationality: SINGAPORE CITIZEN			Email: lam.aspects@gmail.com		
Sex: Female	Age: 64	Date of Birth: 02/11/1956	Type of Informant: Driver		
Race: Chinese			Language: English Institution / School Name:		
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2020 17:30	Type of Location: Straight Road
Location: OLD CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKU9248C	Car	VOLKSWAGEN		Silver	Slightly Damaged	0
SLS833X	Car	OPEL	Cascada	Silver	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20201207/7044

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20201207/7044

CONTINUATION OF REPORT



Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	LEE PIK KHUEN	ID No.	S1363557I
Related Vehicle	SLS833X (Car)	Contact No.	NIL
Hospital/Clinic	HO MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/12/2020	Date	07/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight
Name	MRS LAM WEI CHOONG NEE LEE KUO PEI	ID No.	S1151711J
Related Vehicle	SLS833X (Car)	Contact No.	93897275
Hospital/Clinic	HO MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/12/2020	Date	07/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I drove out of The Garden of Remembrance onto Old Choa Chu Kang Road and was approaching Jin Bahar when a silver Volkswagen license number SKU9248C, came out of the minor road off Cemetery South Street 18 and Car Park B1 and hit my car on the driver's side, with its left front corner.

I did not feel well after the accident and went to see a doctor this morning. Doctor gave me a 3 day medical certificate.

My front passenger, Ms Lee Pik Khuen felt traumatized and has gone to seek medical attention. She also received a 3 day medical certificate.

 SINGAPORE POLICE FORCE		 T/20201207/7044
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		3 of 3 Report No. T/20201207/7044
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch		
Signature Of Officer Recording The Report: Not applicable		Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable		Date/Time: 07/12/2020 17:05
Officer In Charge Of Case: TP / TP1B / BOON YEN KIAN EVE Contact No.: 65476172		Classification Of Case:
Authentication Stamp NP168		