

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 19:45 (SGT)
Date of Accident	05/12/2020 13:40 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TOWARDS PIE 5.8KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU2122D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM WAN JUNG
NRIC No	SXXXX156A
Email Address	joe.tanss@yahoo.com.sg
Mobile Phone No	(Phone) +65-98313321
Alternative Phone No	+65-98313321

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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?	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 80480707 QMX
Cover Note Number	-

DRIVER

Name of Driver	TAN SOO SAN (CHEN SHUSHAN)
NRIC No	SXXXX370H
Date Of Birth	28/10/1977
Occupation	Indoor

Date Of Driving Pass	05/03/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90273247
Alt. Phone Number	-
Email Address	joe.tan@yahoocom.sg
Address	BLK 627 #07-166
Address complement	CHOA CHU KANG STREET 62
Postcode	680627
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 - Head to Rear
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)	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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201205/2132

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	FBK4265U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

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 TAN SOO SAN (CHEN SHUSHAN)
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SMU2122D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person UNKNOWN RIDER
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? FBK4265U
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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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.: _____

GDPR 40 Form (2018/2019) v. 1.0

SKETCH PLAN

Veh A : SMU 2020
Veh B : FBK 4265U

KgRt towards Pk 58 km

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten notes in the description box:

Police report
1/10/2020 12:05 / 12:12

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:

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





























**SINGAPORE
POLICE FORCE**



T/20201205/2132

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3
Report No. T/20201205/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2020 22:30	Vide Report No.: J/20201205/0114	Station Diary No.: 82
Informant's Particulars		
Name of Informant: TAN SOO SAN		Address: APT BLK 627 CHOA CHU KANG STREET 62 #07-166 SINGAPORE 680627
ID Type / ID No.: NRIC NO / S7732370H	Contact No.: Home/Office: Mobile: 90273247	
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 43	Date of Birth: 28/10/1977
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No.	Date/Time of Accident: 05/12/2020 13:50	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Sunny	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMU2122D	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201205/2132

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20201205/2132

CONTINUATION OF REPORT

Driver:			
Name	TAN SOO SAN	ID No.	S7732370H
Related Vehicle	SMU2122D (Car)	Contact No.	90273247
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 05/12/2020 at around 1350hours at expressway (KJE towards PIE) 5.8km mark, I was driving my car, a Volvo Blue Volvo car bearing the car plate number (SMU 2122D), on lane 2 when my car was suddenly hit at the rear by one Black motorcycle (Unknown registration plate number). This collision resulted in a dent at the back of the right side of the car, and the rear car bumper and right car rim was damaged. The car plate of the motorcycle was damaged in the accident as such I am unable to verify what is the motorcycle plate number. The motorist was injured and conveyed to hospital. TP officers attended to the case at scene and I was given a report number J/20201205/0114. I went to Central 24HR Clinic (Jurong West) for back pain issues after the accident and was given 2 days MC (0000151379).

I am making this report today as instructed by the Traffic Police officer.



SINGAPORE
POLICE FORCE



T/20201205/2132

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649452
Tel No: 1800-7929999

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Report No. T/20201205/2132

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:
J /
Sr Staff Sgt HAZMI BIN MOHAMED IBRAHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/12/2020 22:30

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN
Contact No: 9645296

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE