# **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.

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   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 28/12/2020 16:06 (SGT) Date of Accident 26/11/2020 10:30 (SGT) Exact Location of Accident 2991 Jalan Bukit Merah, Singapore 159458 Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMA5551J

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HO SHUET FUNG NRIC No SXXXX098Z Email Address sauccey@gmail.com Mobile Phone No (Phone) +65-90886760 Alternative Phone No +65-90886760

## VEHICLE PARTICULARS

Manufacturer Toyota Model C-hr Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

No - Reporting only Private car

### INSURANCE COMPANY

Name of Insurance Company **MSIG** Type of Coverage Comprehensive Fleet Policy Policy Number A 29144252 AT2 Cover Note Number

### DRIVER

Name of Driver HO SHUET FUNG NRIC No SXXXX098Z Date Of Birth 18/02/1978 Occupation Indoor

Date Of Driving Pass 28/10/1999 Driving experience 21 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-90886760 Alt. Phone Number +65-90886760 Email Address sauccey@gmail.com Address **BLK 6 TELOK BLANGAH CRESCENT** Address complement #11-424 Postcode 090006 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Yes Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο FOREIGN VEHICLE 1 Vehicle Registration Number JQJ2994 Vehicle Category Motorcycle **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/20201228/7013 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 NumberJQJ2994Vehicle Manufacturer-Vehicle Model-Vehicle Variant-



Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	RAJINI KANTH A/L SUBRAMANIAM
Passport No/FIN	KXXXX072R
Contact Number	(Phone) +65-90859984
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### SKETCH PLAN

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  8. Consent under the Personal Data Protection Act (PDPA)

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Lunderstand, acknowledge, agree and consent that:

(a) My Insurer, my workshop and the General havanance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal clast/prisonal information are out in this [form] and any other personal information provided by me or prosessed by my insurer (collectively the "Personal Information") and information and disclose and transfer such Personal Information to all inisurer(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 insurer is upyerstand prince, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) derinitating my claims (including the maling of correspondence, stements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as we as so nith external cover of envelopes/mail packages); and/or processing, handing 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' lawy yers/law firms, may/are permitted to collect, use, disclose and process my Personal Information may/can be disclosed by any of the Insurers and/or GAI to their third party service providers or agents (including their lawy yers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time (000hr) & Time Sketch Plan

28/n/22

Solar Bukit WARDET A) SMA 55515 1 B) 5Q5 2994

PEARL Sohon

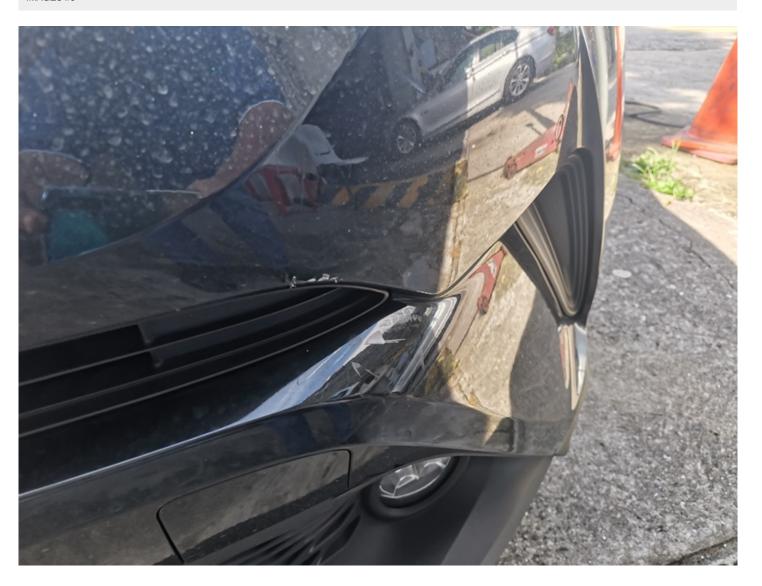
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yholder's Sigr	nature / Date &	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Co. & Time Personnel	entre

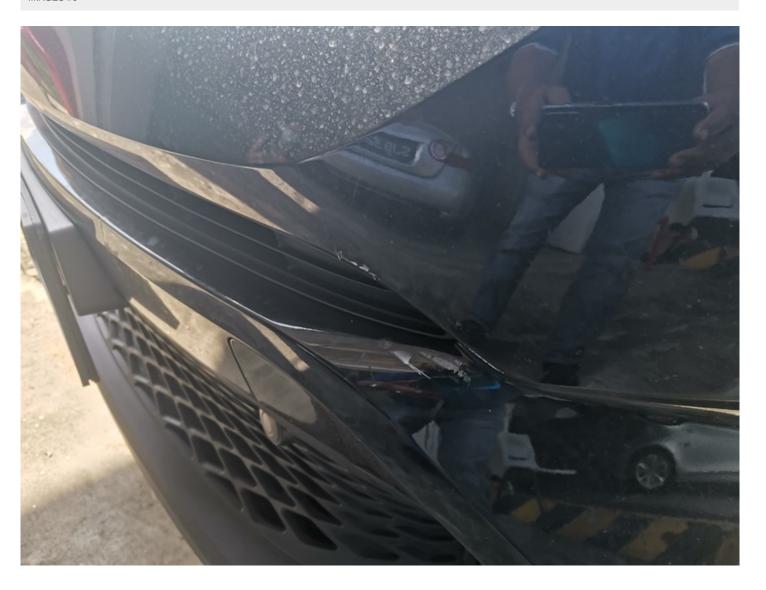


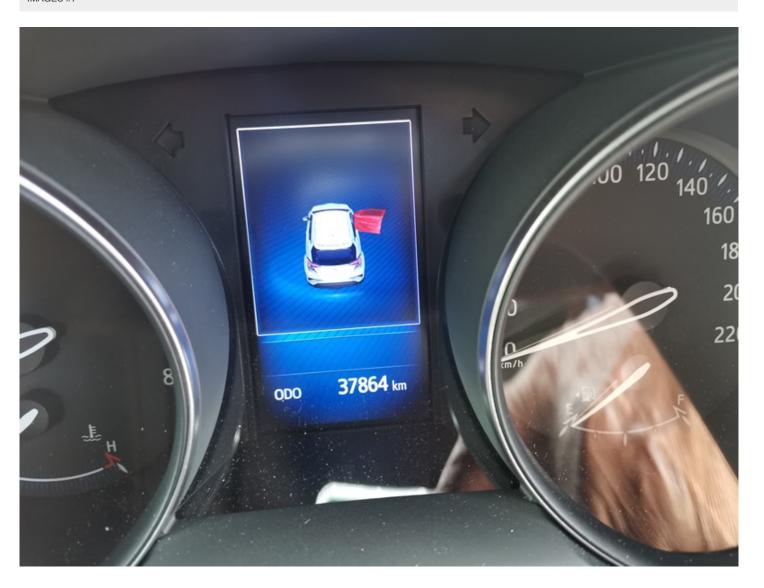
















T/20201228/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20201228/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2020 10:51		lade:	Vide Report No.:	Station Diary No.:		
Informan	t's Particu	ılars				
Name of I HO SHUE			Address: 6 TELOK BLANGAH CRESCENT #11-424 SINGAPORE 090006			
ID Type / ID No.: NRIC NO / S7804098Z			Contact No.: Home/Office:	Mobile: 90886760		
Nationality: SINGAPORE CITIZEN		EN	Email: SAUCCEY@GMAIL.COM			
Sex: Female	Age: 42	Date of Birth: 18/02/1978	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Sales and marketing manager		g manager	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:			Date/Time of Accident: 26/12/2020 10:30	Type of Location: exit of esso station	
Location:					
JALAN BUKI	MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h	
	X				

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
JQJ2994	Motorcycle	A-BIKE		Multi-Colored	Slightly Damaged	0
SMA5551J	Car	TOYOTA	chr	Black	Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20201228/7013

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA5551J	MSIG INSURANCE (MALAYSIA) BHD	156499u	09/05/2020	08/05/2021
Any Pedestr	rian Involved: No			
	rian Involved: No strians Injured: NIL	Use of Pedestrian C		

Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			ing: NA
Driver						
Name	HO SHUET FUNG			ID No.		S7804098Z
Related Vehicle	SMA5551J (Car)			Conta	ct No.	90886760
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details, my whicile is at the exit of the esso station. I had checked left and right to ensure coastal clear so i can exit out from the petrol station to main road safetly. Upon stepping on my acceralator, I discovered i have hit a motor cycle on my left side . this action caused the motorcycle to fall to one side and the driver has jumped out of his motorcycle . I have filled report with IDAC.

