

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 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? No
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 accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage Comprehensive
Fleet Policy No
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	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

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 Number	JQJ2994
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	RAJINI KANTH A/L SUBRAMANIAM
Passport No/FIN	KXXXXX072R
Contact Number	(Phone) +65-90859984
Address	-
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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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.
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.

 28/12/20
 Policyholder's Signature / Date & Time
 28/12/20
 Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan

SKETCH PLAN

A) SMA 55513

B) JQS 2994


PAIKL John


Describe Circumstances of the Accident


REFER TO POLICE REPORT 7/20251228/2013

Declaration

We declare the foregoing particulars are true in every respect.

 28/12/20
Policyholder's Signature / Date &
Time (0.5) hr

 28/12/20
Driver's Signature (if driver is not the policyholder) / Date
& Time

 28/12/20
Witnessed by Reporting Centre
Personnel


















**SINGAPORE
POLICE FORCE**


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 Vide Report No.: Station Diary No.:

Informant's Particulars

Name of Informant: HO SHUET FUNG		Address: 8 TELOK BLANGAH CRESCENT #11-424 SINGAPORE 090006	
ID Type / ID No.: NRIC NO / S7804098Z		Contact No.: Home/Office: Mobile: 90886760	
Nationality: SINGAPORE CITIZEN		Email: SAJCCEY@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		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 28/12/2020 10:30	Type of Location: exit of esso station
Location: JALAN BUKIT MERAH			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No

Details of Vehicle Involved

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



**SINGAPORE
POLICE FORCE**



T/20201228/7013

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

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Report No. T/20201228/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA5551J	MSIG INSURANCE (MALAYSIA) BHD	156499u	09/05/2020	08/05/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO SHUET FUNG		ID No. S7804098Z
Related Vehicle	SMA5551J (Car)		Contact No. 90886760
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

my vehicle 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 safely.
Upon stepping on my accelerator, 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 filed report with IDAC.

**SINGAPORE
POLICE FORCE**

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



T/20201228/7013

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Report No. T/20201228/7013

CONTINUATION OF REPORTSketch 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: 28/12/2020 10:51
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	