

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	02/01/2021 15:52 (SGT)
Date of Accident	31/12/2020 22:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	twds jurong before eng neo ave
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4179Y
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TIONG SIANG RUI
NRIC No	SXXXX783F
Email Address	tsr_work@hotmail.com
Mobile Phone No	(Phone) +65-92375612
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
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	A29147189AS2
Cover Note Number	-

DRIVER

Name of Driver	TIONG YEN ZHEN (ZHANG YUANZHEN)
NRIC No	SXXXX906A
Date Of Birth	27/01/1990
Occupation	Indoor

Date Of Driving Pass	07/12/2016
Driving experience	4 YEARS
Gender	Female
Mobile Number	(Phone) +65-91883427
Alt. Phone Number	-
Email Address	tsr_work@hotmail.com
Address	BLK 756 JURONG WEST STREET 74
Address complement	#12-58
Postcode	640756
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TIONG YEW LING
Gender	Female

PASSENGER 2

Name	TAN BENG CHOO
Gender	Female

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

REFER TO POLICE REPORT - T/20210101/2024.

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	SJY1069X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE SEE KIN JOHN
NRIC No	SXXXX401D
Contact Number	(Phone) +65-98004244
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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:

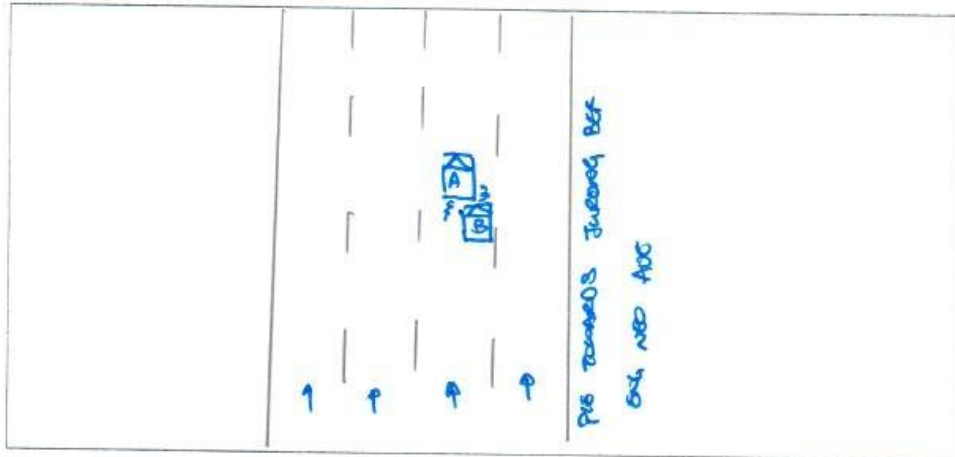

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

I AUTHORISED SME TO EMAIL GIA REPORT TO sm_automotive@hotmail.com

GIA/NR's Sketch Plan Form v2



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: P/20210101/2024

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 Personnel's Signature
 Name:
 NRIC/FIN No.:



















**SINGAPORE
POLICE FORCE**



T/20210101/2024

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/20210101/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 10:06	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TIONG YEN ZHEN			Address: APT BLK 756 JURONG WEST STREET 74 #12-58 SINGAPORE 640756	
ID Type / ID No.: NRIC NO / S9002906A			Contact No.: Home/Office: Mobile: 91883427	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 30	Date of Birth: 27/01/1990	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2020 10:50	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY1069X	Car				Slightly Damaged	1
SMV4179Y	Car				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210101/2024

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

2 of 3

Report No. T/20210101/2024

CONTINUATION OF REPORT**Brief Details.**

On 31/12/2020 at about 1051pm while travelling along PIE driving on the second lane V1(SMV4179Y), there was a slow traffic which caused me to slow down. I also noticed blinker light from a distance which also caused me to slow down. While I was slowly moving forward while already tapping on my brakes, the vehicle in front of me came to a stop which led me to stop as well. A second later I heard a loud bang. I then came out to check and spotted V2(SJY1069X) collided into the right side of my bumper and signal light.

Nobody was injured during the incident.

V2 driver's particulars:
A1, Lee See Kin John, S8102401D
+65 9088 4244

I tried contacting A1 after the incident however A1 did not reply me.

I am lodging this report for record purposes.

**SINGAPORE
POLICE FORCE**

T/20210101/2024

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

3 of 3

Report No. T/20210101/2024

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 /
Sgt 2 MOHAMED AMIN ARAFA BIN MOHAMED
BASHEER

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/01/2021 10:06

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU HUI
Contact No: 65476151

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE