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.
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 Report	09/11/2020 15:12
Date Of Accident	07/11/2020 15:05
Exact Location Of Accident	COMMONWEALTH AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKU6934A
Insured/Policyholder	
Name Of Registered Owner	TOH KIAN HOCK
NRIC No	S1828363H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94500569
Alternative Phone No	OFFICE-94500569
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 300217474 QMY
Cover Note Number	
Driver	
Name of Driver	TOH KIAN HOCK
NRIC No	S1828363H
Date Of Birth	01/08/1966
Occupation	INDOOR
Date Of Driving Pass	20/12/1984
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94500569
Fax Number	
Contact Number	OFFICE-94500569
EMail Address	NOEMAIL

Address	BLK 980 JURONG WEST ST 93 #05-349
Postcode	640980
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : FOO MONG NEE GENDER: : FEMALE
Passenger 2	NAME: : GERMAIN TOH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 20 CHAI CHEE DRIVE , **POSTCODE:** 469045 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2448999 - **FAX NO**: 62446558
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201109/2034

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	SGN8801X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOH KIAN HOCK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKU6934A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	FOO MONG NEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKU6934A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	GERMAIN TOH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKU6934A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:

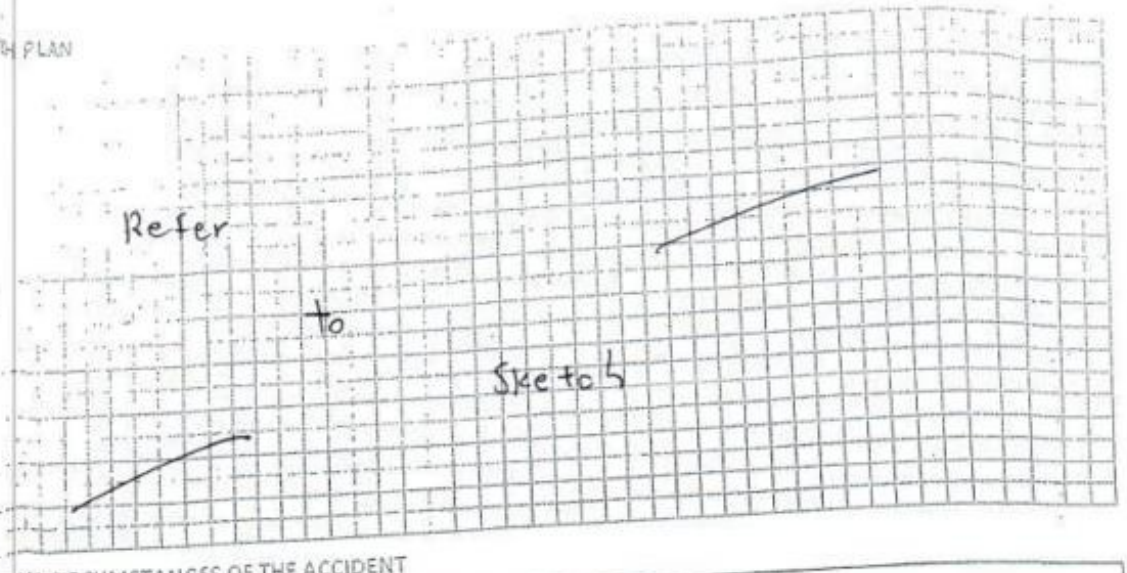
      (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

      (ii) for complying with requirements under any regulations, laws or court orders.

X _____	_____	_____
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.:

Accident Sketch Plan

TH PLAN



ESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201109/2034

ECLARATION

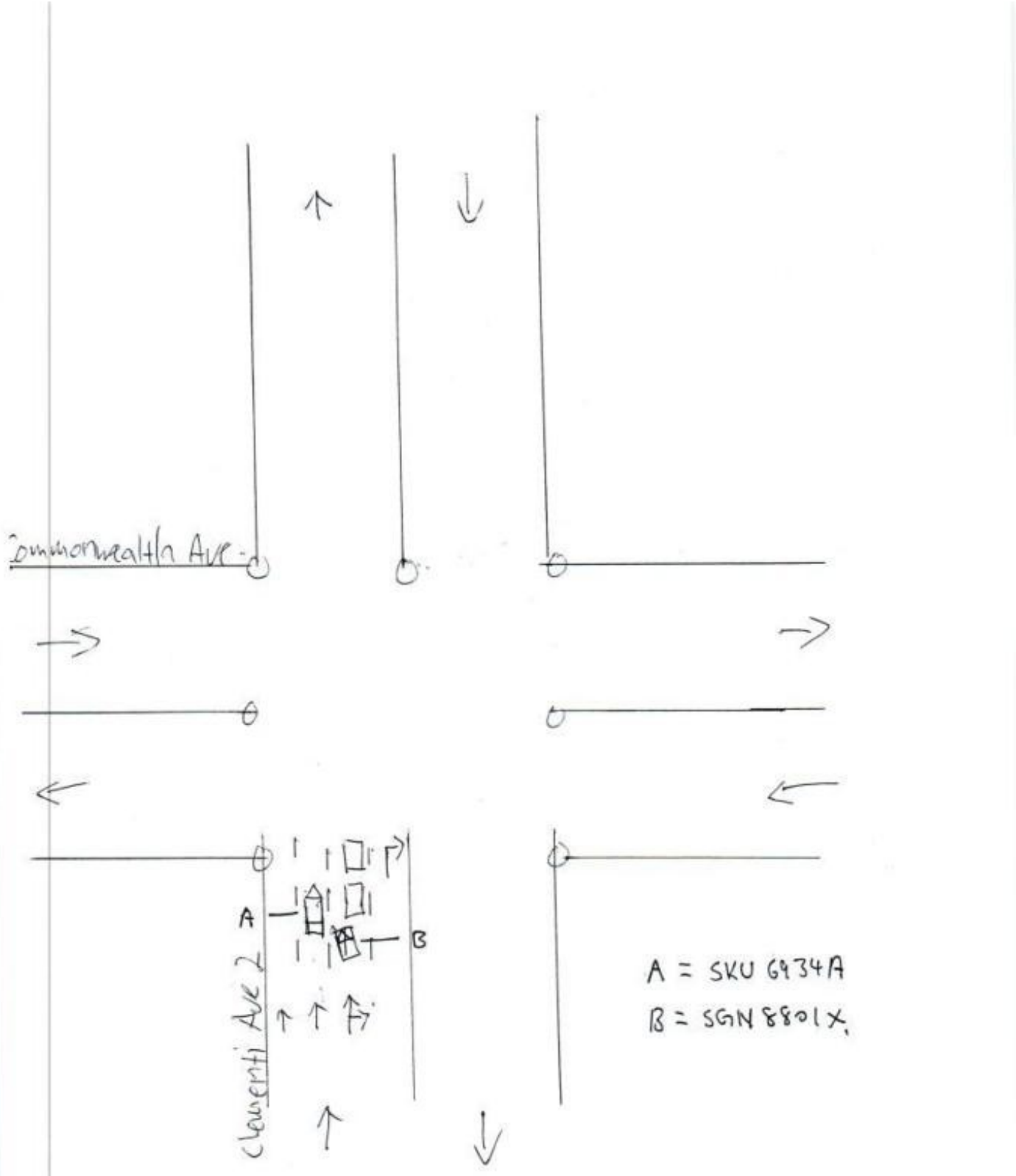
We declare the foregoing particulars are true in every respect.

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.:

Accident Sketch Plan



SINGAPORE POLICE FORCE

T/20201109/2034

Report No. T/20201109/2034

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
09/11/2020 12:30		17

Informant's Particulars

Name of Informant: TOH KIAN HOCK			Address: APT BLK 980 JURONG WEST STREET 93 #05-349 SINGAPORE 640980	
ID Type / ID No.: NRIC NO / S1828363H			Contact No.: Home/Office: Mobile: 94500569	
Nationality: SINGAPORE CITIZEN			Email: marktoh1@yahoo.com.sg	
Sex: Male	Age: 54	Date of Birth: 01/08/1966	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2020 15:05	Type of Location: X-Junction
Location: COMMONWEALTH AVENUE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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 Passenger
SGN8801X	Car	CITROEN	GRAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R	Grey	Slightly Damaged	1
SKU6934A	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige	Slightly Damaged	2

SINGAPORE POLICE FORCE

T/20201109/2034

Report No. T/20201109/2034

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU6934A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300217474	07/12/2019	06/12/2020

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	GOH KEH SHENG		ID No.	S7323502B	
Related Vehicle	SGN8801X (Car)		Contact No.	91180996	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL	
Driver					
Name	TOH KIAN HOCK		ID No.	S1828363H	
Related Vehicle	SKU6934A (Car)		Contact No.	94500569	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	09/11/2020		Date Discharge	09/11/2020	
No. of Days granted Medical Leave		03	Degree of Injury	Slight	

Brief Details.

On 07/11/2020 at about 1505hrs, I was travelling on the junction of Clementi Ave 2 and Commonwealth Avenue. There were 4 lanes. The first lane was meant for right turning vehicles only and the second lane was for vehicles turning right or straight. My vehicle was on the third lane, while the other vehicle bearing registration number SGN8801X was on the second lane. When the traffic light turned green, the vehicles on the second lane infront of SGN8801X did not move forward. A such the driver of SGN8801X turned left into my lane and hit my rear right door. We then stopped along Clementi Ave 2 to exchange particulars. Nobody was injured at the point of time.

Because of the collision, my car had a dent on the rear right door and the other car had scratches on its front right bumper. My car does not have in car camera. The other car had an in car camera and have captured the accident.

On 08/11/2020 morning, I felt slight discomfort on my back. I then went to Mount Alvernia Hopsital to seek treatment on 09/11/2020 and was given 3 days MC.

SINGAPORE POLICE FORCE

T/20201109/2034

Report No. T/20201109/2034

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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: G / Sgt 2 QUEK MAY MAY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2020 12:30
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

SIGNATURE

SINGAPORE
POLICE FORCE

T/20201109/2034

Report No. T/20201109/2034

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo