

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 24/09/2021 18:21 (SGT)
Date of Accident 23/09/2021 15:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information PASIR RIS DR 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ8868S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TING BOON KIAT
NRIC No S6911334F
Email Address zoomautowerks@gmail.com
Mobile Phone No (Phone) +65-91162738
Alternative Phone No +65-91162738

VEHICLE PARTICULARS

Manufacturer Lexus
Model Es250
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
Transmission Auto
CC 2487

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 29139806 ALM
Cover Note Number -

DRIVER

Name of Driver TING BOON KIAT
NRIC No S6911334F

Date Of Birth	25/03/1969
Occupation	Indoor
Date Of Driving Pass	21/03/1989
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91162738
Alt. Phone Number	+65-91162738
Email Address	zoomautowerks@gmail.com
Address	5 PASIR RIS RISE
Address complement	#03-09
Postcode	518082
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	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 vehicle 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	Serangoon Gardens Neighbourhood Police Post
Police Station Address	51 Serangoon Garden Way Singapore 555947
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ6387A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	TING BOON KIAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK
Injured person in which vehicle?	SMQ8868S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

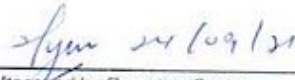
SKETCH PLAN

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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.


Policyholder's Signature / Date & Time

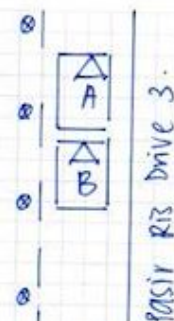

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

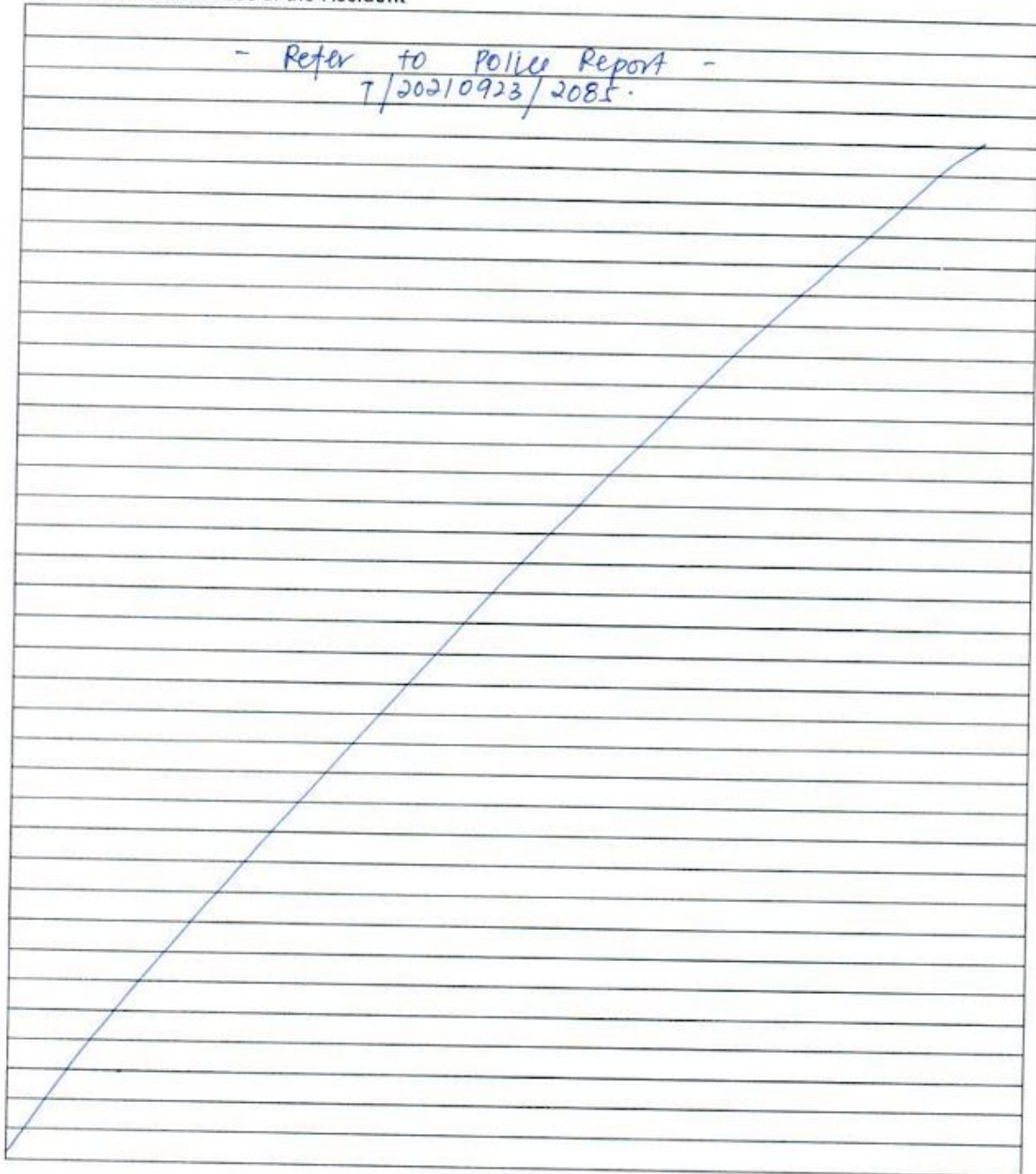
Vehicle A: SM688685

Vehicle B: SGZ6387A



Describe Circumstances of the Accident

- Refer to Police Report -
7/20210923/2085.

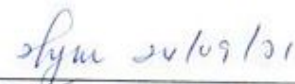


Declaration

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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210923/2085

2 of 3

Report No. T/20210923/2085

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

CONTINUATION OF REPORT

Driver			
Name	TING BOON KIAT	ID No.	S6911334F
Related Vehicle	SMQ8868S (Car)	Contact No.	91162738
Hospital/Clinic	KINGS MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/09/2021	Date Discharge	23/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 23/09/2021 at about 1515hrs, I was driving my car "White Lexus" bearing SMQ8868S along Pasir Ris Drive 3 on the right lane. I stopped my car as the traffic ahead stopped due to traffic light was red. Shortly, I felt an hitting impact coming from the rear. I came out to make a check and discovered a brown car bearing SGZ6387A had hit onto the rear of my car. My car's rear portion was dented. I then exchanged particulars with the other drove off. Shortly after the accident, I felt pain on my back and went to "Kings Medical Clinic" to consult a doctor. I was given 5days of MC.

I wish to state that I have in-car camera in my car. I am lodging this report for insurance purpose.



















**SINGAPORE
POLICE FORCE**



T/20210923/2085

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

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Report No. T/20210923/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2021 17:14	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars			
Name of Informant: TING BOON KIAT		Address: 5 PASIR RIS RISE #03-09 SINGAPORE 518082	
ID Type / ID No.: NRIC NO / S6911334F		Contact No.: Home/Office: Mobile: 91162738	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 25/03/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Building and construction project manager		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2021 15:15	Type of Location: Straight Road
Location: PASIR RIS DRIVE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SGZ6387A	Car			Brown	No Damage	0
SMQ8868S	Car	LEXUS		White	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/20210923/2085

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Report No. T/20210923/2085

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

CONTINUATION OF REPORT

Driver			
Name	TING BOON KIAT	ID No.	S6911334F
Related Vehicle	SMQ8868S (Car)	Contact No.	91162738
Hospital/Clinic	KINGS MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/09/2021	Date Discharge	23/09/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

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I wish to state that I have in-car camera in my car. I am lodging this report for insurance purpose.



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POLICE FORCE**

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555947
Tel No: 1800-2879999



T/20210923/2085

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Report No. T/20210923/2085

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
F /
Sgt 3 LOGHANATHAN S/O
AYYASAMY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/09/2021 17:14

Classification Of Case:

SN 27

