

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 08/11/2021 20:13 (SGT)
Date of Accident 06/11/2021 10:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information TIONG BAHRU RD TWDS LENG KEE RD(NEAR TO SHELL PETROL STATION)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS2181S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WESCO ENGINEERING PTE LTD
Company Reg No 2XXXXX113D
Email Address bumblebbb8888@gmail.com
Mobile Phone No (Phone) +65-97555123
Alternative Phone No +65-97555123

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
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 2493

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300333631 MCX
Cover Note Number -

DRIVER

Name of Driver KUAH PONG GUAN

| | |
|--|-------------------------|
| NRIC No | SXXXX464D |
| Date Of Birth | 06/05/1952 |
| Occupation | Indoor |
| Date Of Driving Pass | 22/05/1970 |
| Driving experience | 51 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97555123 |
| Alt. Phone Number | - |
| Email Address | bumblebbb8888@gmail.com |
| Address | 92 DAWSON ROAD |
| Address complement | #13-30 |
| Postcode | 141092 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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? | 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 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 | Alexandra Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18004739999 |
| Alt. Police Station Phone No | (Fax) +65-64713569 |
| Police Station Address | Blk 46-2 Commonwealth Drive #01-382A Singapore 140462 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211106/2040

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 | SD CARD WITH TP |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHA3537Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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) | - |

SKETCH PLAN**IMPORTANT NOTICE**

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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 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")

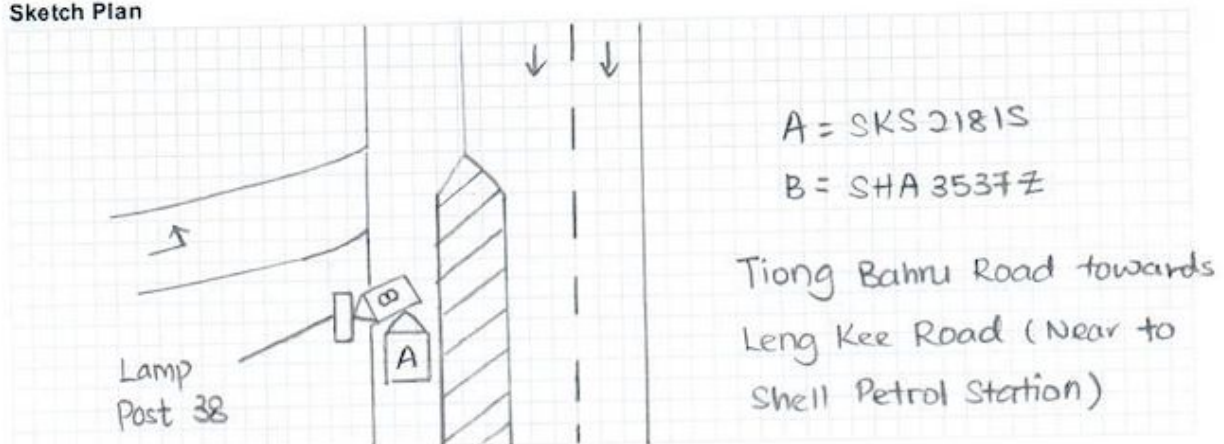
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

Describe Circumstances of the Accident

Refer to Police Report

Police Report No. : T/20211106/2040

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature] 08/11/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211106/2040

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

2 of 3

Report No. T/20211106/2040

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Name | KUAH PONG GUAN | ID No. | S0107464D |
| Related Vehicle | SKS2181S (Car) | Contact No. | 97555123 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 6/11/2021 at about 1010hrs, I was driving my vehicle (SKS2181S) along Tiong Bahru Rd towards Leng Kee road (near to Shell Petrol Station) when a taxi (SHA3537Z) sped and over took me at the merging lane causing a collision on my front right side of the vehicle and the taxi's left side. The taxi mounted on the central divider and then collided to the lamp post 38 on the left side of the road. I was in a state of shock and stayed in side my vehicle and came out after some time. Subsequently, ambulance came then the TP came to the scene. No one was conveyed to hospital. Damages are as follows:

- 1) Dent on the lamp post 38
- 2) Scratches, dent and displaced right front fender.(SKS2181S)
- 3) Dislodged bumper, dent on both left passenger doors.(SHA3537Z)

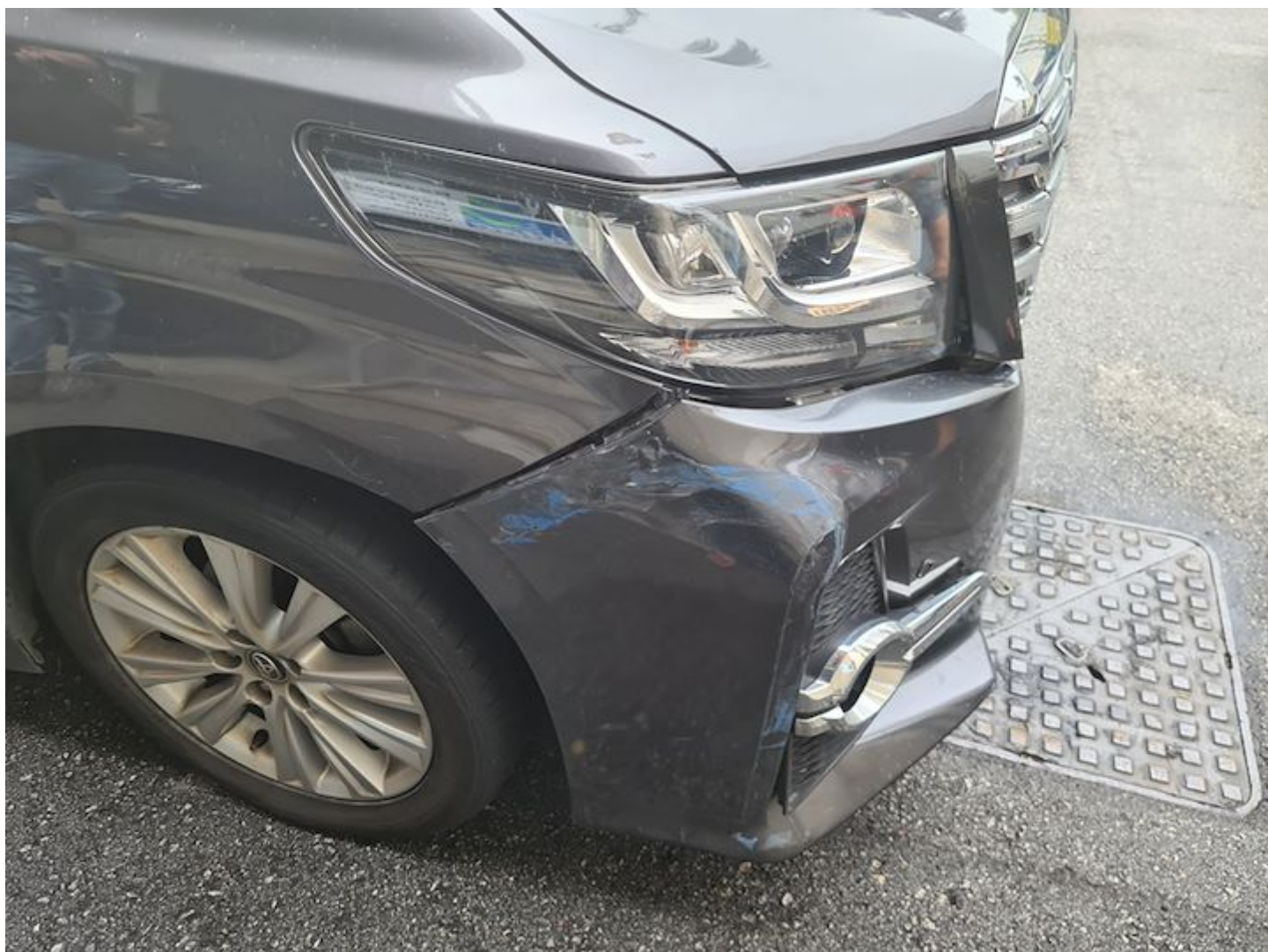
In-Car camera was installed and sd card was handed over to TP officer at scene. No one was injured.

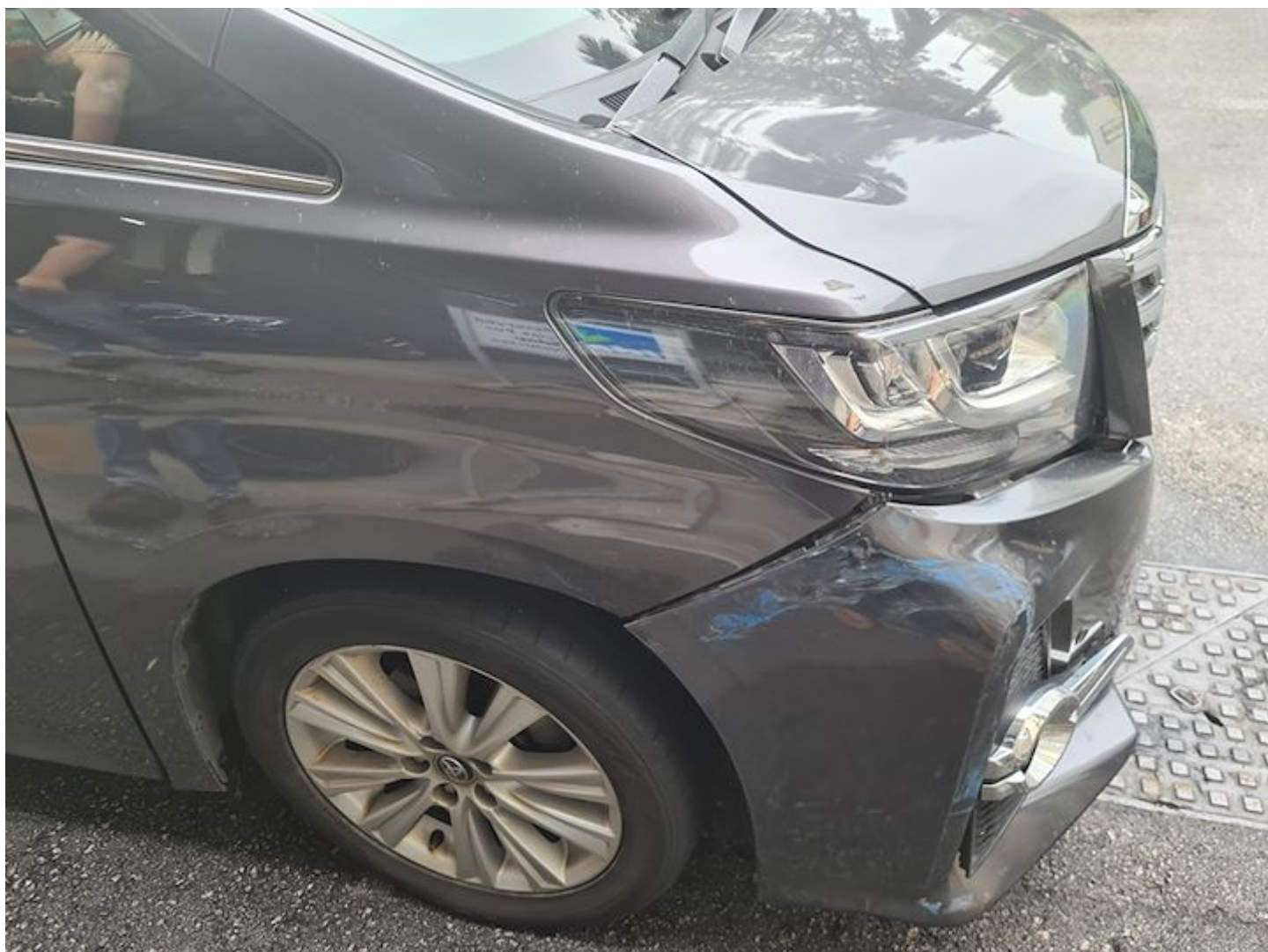






















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T/20211106/2040

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Tel No: 1800-4739999

1 of 3
Report No. T/20211106/2040

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|--|------------------------------|
| Date/Time Report Made: 06/11/2021 12:35 | | Vide Report No.: D/20211106/0064 | Station Diary No.: 10 |
| Informant's Particulars | | | |
| Name of Informant: KUAH PONG GUAN | | Address: 92 DAWSON ROAD #13-30 SINGAPORE 141092 | |
| ID Type / ID No.: NRIC NO / S0107464D | | Contact No.: Home/Office: Mobile: 97555123 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 69 | Date of Birth: 06/05/1952 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: SALESMAN | | Driving Licence Information: Class: 3,4 Date of Expiry: | |

| | | | | |
|---|----------------------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 06/11/2021 10:10 | Type of Location: Straight Road |
| Location: TIONG BAHRU ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|--------|---------|-------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHA3537Z | Car | TOYOTA | Prius | Blue | Seriously Damaged | 1 |
| SKS2181S | Car | TOYOTA | Alphard | Grey | Slightly Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
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T/20211106/2040

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Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

2 of 3

Report No. T/20211106/2040

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|--|-----------------------------------|
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| Date Treatment | NIL | Date Discharge | NIL |
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In-Car camera was installed and sd card was handed over to TP officer at scene. No one was injured.



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3 of 3

Report No. T/20211106/2040

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

D /
Sgt 3 MUHAMMAD RAYMIE
RAHMAT BIN SUOD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/11/2021 12:35

Officer In Charge Of Case:

TP / GIT / Razi

Classification Of Case:

SN 47

Contact No.: 9756
0530

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE