

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 09/12/2021 13:25 (SGT)
Date of Accident 08/12/2021 16:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information BASEMENT CARPARK @ NATIONAL HEART CENTRE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ5148J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TOH KIAN HOCK
NRIC No SXXXX363H
Email Address markto1@yahoo.com.sg
Mobile Phone No (Phone) +65-94500569
Alternative Phone No +65-94500569

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 D 300441225 QMX
Cover Note Number -

DRIVER

Name of Driver TOH KIAN HOCK
NRIC No SXXXX363H

Date Of Birth	01/08/1966
Occupation	Indoor
Date Of Driving Pass	20/12/1984
Driving experience	37 YEARS
Gender	Male
Mobile Number	(Phone) +65-94500569
Alt. Phone Number	+65-94500569
Email Address	markto1@yahoo.com.sg
Address	BLK 980 JURONG WEST STREET 93
Address complement	#05-349
Postcode	640980
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?	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TOH LIAN SUON
Gender	Male

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

REFER TO THE ATTACHED STATEMENT

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	SML9711E
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	TOH KIAN HOCK
Gender	Male
Phone No	(Phone) +65-94500569
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMZ5148J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TOH LIAN SUON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMZ5148J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

[Signature] *Ran 09/12/21*

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

Sketch Plan *Basement Car Park @ National Heart Centre*

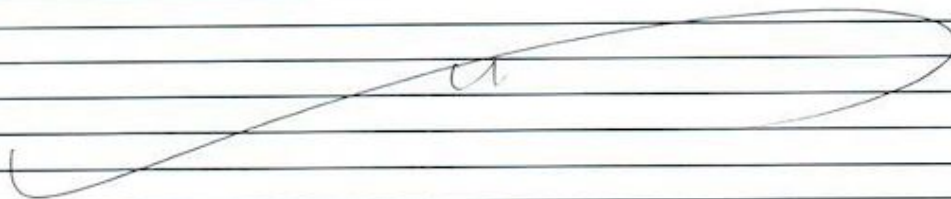
(A) SMZ 5148 J
(B) SML 9711 E

Describe Circumstances of the Accident

On 08/12/2021 at about 1605 hrs at Basement Car Park of National Heart Centre, No 5 Hospital Drive. I was driving along the Car Park Driveway and suddenly a vehicle (B) exited out from the Car Park lot without proper lookout and hence collided onto my whole Right Portion of my Vehicle (A) causing damages to my vehicle.

(A) SMZ 5148 J

(B) SML 9711 E



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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/20211216/7019

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

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Report No. T/20211216/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2021 15:47		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: TOH KIAN HOCK		Address: 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: 55	Date of Birth: 01/08/1966	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: general manager		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2021 16:05	Type of Location: Car Park
Location: NATIONAL HEART CENTRE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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	Conditio	No of
SML9711E	Car					0
SMZ5148J	Car	TOYOTA	CAMRY HYBRID 2.5 ASCENT CVT	Silver		1



**SINGAPORE
POLICE FORCE**



T/20211216/7019

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

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Report No. T/20211216/7019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMZ5148J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300441225	29/04/2021	28/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TOH LIAN SUON		ID No. S1013522B
Related Vehicle	SMZ5148J (Car)		Contact No. NIL
Hospital/Clinic	APEX MEDICAL CENTRE (JURONG) PTE LTD		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	08/12/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	TOH KIAN HOCK		ID No. S1828363H
Related Vehicle	SMZ5148J (Car)		Contact No. 94500569
Hospital/Clinic	APEX MEDICAL CENTRE (JURONG) PTE LTD		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	08/12/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 08/12/2021 AT ABOUT 1605 HOURS AT BASEMENT CARPARK OF ANTIONAL HEART CENTER, NO.5 HOSPITAL DRIVE.

I WAS DRIVING ALONG THE CARPARK DRIVEWAY AND SUDDENLY, A VEHICLE (B) EXITED OUT FROM THE CARPARK LOT WITHOUT PROPER LOOKOUT AND HENCE COLLIDED ONTO MY WHOLE RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, MY PASSENGER AND I WENT TO CONSULT A DOCTOR AND WAS AWARDED 3 DAYS MC FOR MY INJURY.

(A) SMZ5148J

(B) SML9711E



**SINGAPORE
POLICE FORCE**



T/20211216/7019

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

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Report No. T/20211216/7019

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20211216/7019

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Report No. T/20211216/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
16/12/2021 15:47

Classification Of Case:

GENERAL
INSURANCE
ASSOCIATION

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SL0X21C90001 Vehicle Registration No: SMZ 5148J
 Name (as shown in NRIC): TON KIAN HOCK NRIC/FIN/Passport No: S1828363H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 980 JURONG WEST STREET 93 #05-349 Singapore 640988
 Contact (Tel): _____ Mobile No.: 9450 0569
 Email Address: marktoh@yahoo.com.sg
 Date of Accident: 8/12/19 Time of Accident: 16.05
 Place of Accident: Basement Carpark @ National Heart Centre
 Insurance Company: MSIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I wish to include TV REPORT : T/20211216/7019
due to my passenger and I are injured due to
this accident.


 Policyholder / Driver's Signature
 Date: 16/12/21


 Reporting Centre Personnel's Signature
 Name: Renee Sa
 NRIC/FIN No.: _____
 Date: 17/12/2021