

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 04/02/2022 09:44 (SGT)
Date of Accident 28/01/2022 15:50 (SGT)
Exact Location of Accident Orchard Rd, Singapore
Additional Location Information TOWARDS PLAZA SING
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK2478S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TING WEN JUN
NRIC No SXXXX746A
Email Address kscgp8@gmail.com
Mobile Phone No (Phone) +65-90051780
Alternative Phone No +65-91995372

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 1598

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 29148059 AT2
Cover Note Number -

DRIVER

Name of Driver FOO XIAN LING
NRIC No SXXXX060I

Date Of Birth	30/12/1989
Occupation	Indoor
Date Of Driving Pass	17/06/2017
Driving experience	4 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91995372
Alt. Phone Number	-
Email Address	sinhocklee@yahoo.com.sg
Address	BLK 137 LORONG AH SOO
Address complement	#05-538
Postcode	530137
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20220129/2027

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	SKK9545Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-93381865
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	FOO XIAN LING
Gender	Female
Phone No	(Phone) +65-91995372
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SLK2478S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 4/2/2022
Policyholder's Signature / Date & Time

 4/2/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

 04/02/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SLK 2478S
B = SKK 9545Y
ORCHARD ROAD towards Plaza Sing



— Pls Refer to the police report: T/20020129/2027. —

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel


















**SINGAPORE
POLICE FORCE**


T/20220129/2027

1 of 3

Report No. T/20220129/2027

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2022 12:20	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: FOO XIAN LING			Address: APT BLK 137 LORONG AH SOO #05-538 SINGAPORE 530137		
ID Type / ID No.: NRIC NO / S8947060I			Contact No.: Home/Office: Mobile: 91995372		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 32	Date of Birth: 30/12/1989	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School	Name:
Occupation: Bank Compliance Officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2022 15:50	Type of Location: X-Junction
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
SKK9545Y	Car					0
SLK2478S	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20220129/2027

CONTINUATION OF REPORT

Driver			
Name	Mr Lin	ID No.	NIL
Related Vehicle	SKK9545Y (Car)	Contact No.	93381865
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FOO XIAN LING	ID No.	S89470601
Related Vehicle	SLK2478S (Car)	Contact No.	91995372
Hospital/Clinic	LO & LEE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 28/01/2022 at around 1550hrs, I was driving my vehicle (SLK2478S) along Orchard Road towards Plaza Sing at the third lane. As I was approaching the traffic light, the traffic light changed colour and as such I decided to slow down and stop my vehicle when suddenly one vehicle bearing (SKK9545Y) hit me from behind.

Both me and the other driver alight from the vehicle and exchange both of our contacts and we drove off thereafter.

No traffic Police nor Ambulance was on scene.

I wish to state that I have a front facing in-car camera installed only.

I then proceeded to see the doctor on the 29/01/2022 and was given a 3-days MC.



SINGAPORE POLICE FORCE



T/20220129/2027

3 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No: T/20220129/2027

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 1 Tan Jun Hao Derek

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/01/2022 12:20

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

Signature

Singapore Police Force