

# 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 ..... 07/02/2022 17:34 (SGT)  
Date of Accident ..... 02/02/2022 12:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TOH GUAN ROAD EAST TOWARDS PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF9321J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... IMEI (EXIM) PTE LTD  
Company Reg No ..... 1XXXXX065W  
Email Address ..... jasonkcapl@gmail.com  
Mobile Phone No ..... (Phone) +65-96776181  
Alternative Phone No ..... +65-96776181

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1597

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... A 300287390 MKC  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SOH YAN KWONG  
NRIC No ..... SXXXX032F

Date Of Birth .....	06/04/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	31/01/1991
Driving experience .....	31 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96776181
Alt. Phone Number .....	-
Email Address .....	jasonkcapl@gmail.com
Address .....	BLK 290E BUKIT BATOK STREET 24
Address complement .....	#10-121
Postcode .....	654290
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LIM SIEW TENG
Gender .....	Female

#### PASSENGER 2

Name .....	SOH SHAN QI
Gender .....	Female

#### PASSENGER 3

Name .....	SOH QI FENG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20220202/2021

#### 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 .....	FBS4316P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	KALAI VANEN MUNIANDY
Contact Number .....	(Phone) +65-87501248
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
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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.

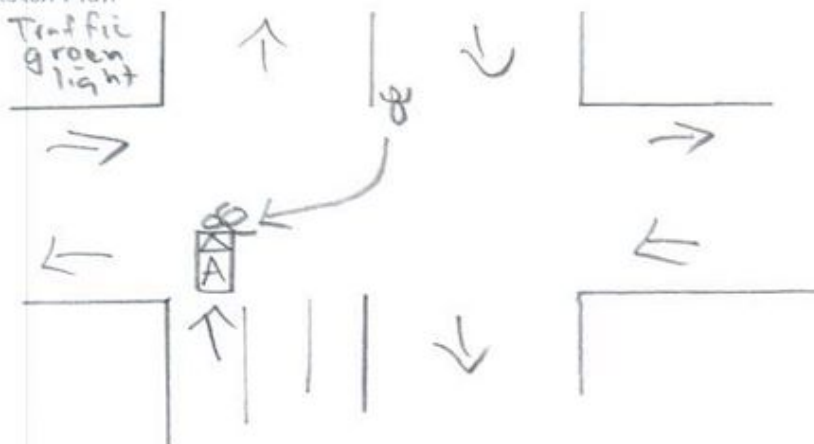


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - 6BF9321J

B - FBS4316P

Toh Guan Road East

## Describe Circumstances of the Accident

Refer to Police Report T/20220202/2021

## Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &amp;

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

Witnessed by Reporting Centre

















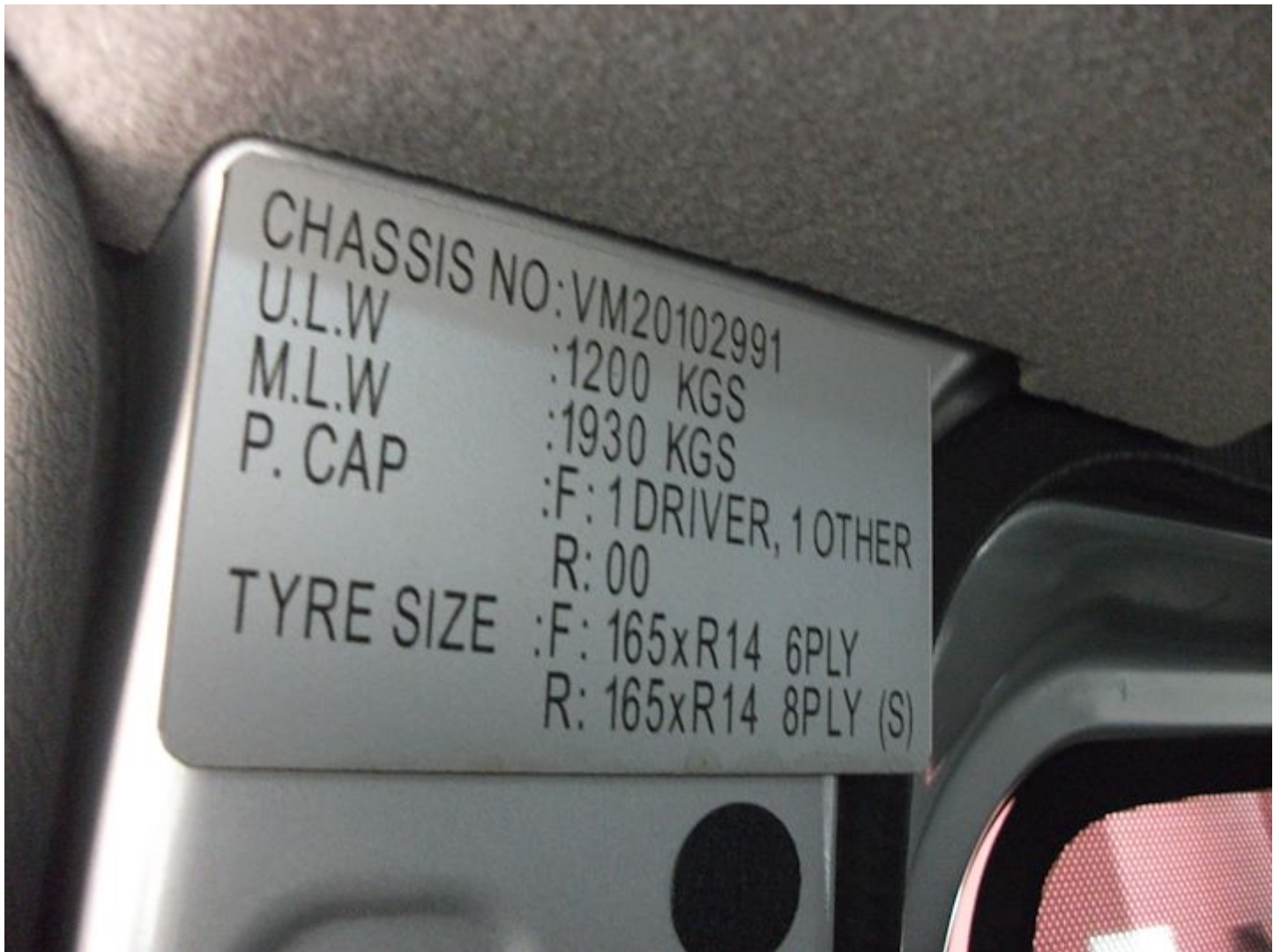


















**SINGAPORE  
POLICE FORCE**



T/20220202/2021

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20220202/2021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/02/2022 14:28		Vide Report No.:		Station Diary No.: 52
<b>Informant's Particulars</b>				
Name of Informant: SOH YAN KWONG		Address: APT BLK 290E BUKIT BATOK STREET 24 #10-121 SINGAPORE 654290		
ID Type / ID No.: NRIC NO / S1730032F		Contact No.: Home/Office: Mobile: 96776181		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 06/04/1965	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: STOREMAN		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/02/2022 12:30	Type of Location: X-Junction
Location:  TOH GUAN ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF9321J	Van	NISSAN	NV200	Silver	Slightly Damaged	3

**Details of Person Involved**

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



**SINGAPORE  
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T/20220202/2021

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Report No. T/20220202/2021

CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Soh Shan Qi	ID No.	T0736823I
Related Vehicle	GBF9321J (Van)	Contact No.	97923248
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
<b>Passenger</b>			
Name	Soh Qi Feng	ID No.	T0938560B
Related Vehicle	GBF9321J (Van)	Contact No.	NIL
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
<b>Driver</b>			
Name	SOH YAN KWONG	ID No.	S1730032F
Related Vehicle	GBF9321J (Van)	Contact No.	96776181
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	Lim Siew Teng	ID No.	S7972661C
Related Vehicle	GBF9321J (Van)	Contact No.	96545335
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





**SINGAPORE  
POLICE FORCE**



T/20220202/2021

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Tel No: 1800-8999999

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Report No. T/20220202/2021

**CONTINUATION OF REPORT**

Rider			
Name	Kalai Vanen Muniandy @ Kalai Vanen S/O Muniandy	ID No.	S7978354D
Related Vehicle	NIL	Contact No.	87501248
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

**Brief Details.**

On the above mentioned date and time, I was driving my company vehicle bearing the following details,  
GBF 9321 J

Nissan

NV 200

Silver

along Toh Guan Rd towards PIE. I was driving along the most left side of the lane. It is a 3 lane road. I wish to state that the traffic light was in my favor when I was travelling straight.

While I was travelling straight, suddenly, a motorcycle came from the opposite and collided the front right bumper, as a result, my bumper was dislodged and airbags was deployed. Together with my passengers, I alighted from the vehicle to make a check on the situation. I asked the rider whether he need medical assistance and he informed he required as he complained of pain in the left toe.

Later, ambulance came and conveyed the rider to hospital. I was advised by the paramedic to wait for the traffic police. My vehicle is not installed with in vehicle recording system. My passengers did not sustain any visible injuries.



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Report No. T/20220202/2021

**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 NGU YUAN JIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/02/2022 14:28

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT SYED MUHAMMAD ISA BIN  
OMAR ALHABSHEE  
Contact No.: 65476214

Classification Of Case:

On 01