

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 21/03/2022 12:29 (SGT)
Date of Accident 17/03/2022 18:30 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU9906L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MEYER INTERNATIONAL MARKETING PTE LTD
Company Reg No 2XXXXXX791G
Email Address zen@mim.com.sg
Mobile Phone No (Phone) +65-98223829
Alternative Phone No +65-98223829

VEHICLE PARTICULARS

Manufacturer Nissan
Model Teana
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 1997

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number A 300169703 MCX
Cover Note Number -

DRIVER

Name of Driver KOH CHYE HOCK
NRIC No SXXXX407D

Date Of Birth	03/08/1963
Occupation	Outdoor
Date Of Driving Pass	11/12/1984
Driving experience	37 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98223829
Alt. Phone Number	-
Email Address	zen@mim.com.sg
Address	BLK 165 BISHAN STREET 13 #22-276
Address complement	-
Postcode	570165
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	YEE YUE YONG
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20220319/7003

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	SFR6262E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAW WAI KIN
Contact Number	(Phone) +65-98166376
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	KOH CHYE HOCK
Gender	Male
Phone No	(Phone) +65-98223829
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKU9906L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YEE YUE YONG
Gender	Female
Phone No	(Phone) +65-97829161
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKU9906L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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' 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.

MEYER INTERNATIONAL MARKETING PTE LTD
2 Kallang Pudding Road
#07-01/2/3/6 Mactech Building
Singapore 349307

Tel: +65 6841 0018 Fax: +65 6841 0028

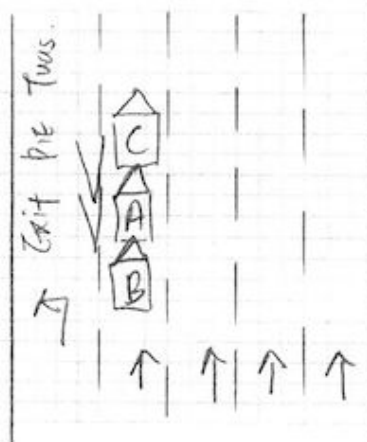
Email: mktg@nim.com.sg Url: www.nim.com.sg

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: SKU 9906 L
Vehicle B: SFR 6262 E
Vehicle C: Unknown

Describe Circumstances of the Accident

Refer to the Police Report.

Report No: T/20220319/7003.

MEYER INTERNATIONAL MARKETING PTE LTD
2 Kallang Pudding Road
#07-01/2/3/6 Mactech Building
Singapore 349307
Tel: +65 6841 0018 Fax: +65 6841 0028
Email: mktg@mim.com.sg Url: www.mim.com.sg

Declaration

MEYER INTERNATIONAL MARKETING PTE LTD
2 Kallang Pudding Road
#07-01/2/3/6 Mactech Building
Singapore 349307
Tel: +65 6841 0018 Fax: +65 6841 0028
Email: mktg@mim.com.sg Url: www.mim.com.sg

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/20220319/7003

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

1 of 3
Report No. T/20220319/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2022 10:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH CHYE HOCK		Address: 165 BISHAN STREET 13 #22-276 SINGAPORE 570165			
ID Type / ID No.: NRIC NO / S1602407D		Contact No.: Home/Office:		Mobile: 98223829	
Nationality: SINGAPORE CITIZEN		Email: zen@mim.com.sg			
Sex: Male	Age: 58	Date of Birth: 03/08/1963	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Management executive		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2022 18:30	Type of Location: CTE TOWARDS CITY
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFR6262E	Car	NISSAN		Grey		0
SKU9906L	Car					0



**SINGAPORE
POLICE FORCE**

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



T/20220319/7003

2 of 3

Report No. T/20220319/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	YEE YUE YONG	ID No.	S1658172J
Related Vehicle	SKU9906L (Car)	Contact No.	97829161
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/03/2022	Date	18/03/2022
No. of Days granted Medical Leave	04	Degree of	Serious
Driver			
Name	KOH CHYE HOCK	ID No.	S1602407D
Related Vehicle	SKU9906L (Car)	Contact No.	98223829
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 17 March 2022, I was driving along CTE towards City direction. The traffic was quite heavy at around 18:30HRS, while I was travelling on my lane, my front vehicle slow down and stop hence I follow to slow down. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward to hit onto the vehicle (C) UNKNOWN CARPLATE.

When I alighted, vehicle (C) driver alighted to take photo and drove off after. I do not have time to take photo of vehicle (C) carplate number. I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 3 vehicle involved. After the incident, the next day me and my wife YEE YUE YONG (S1658172J) felt discomfort around our body hence we went to 1 Bishan Medical clinic to consult the doctor and was given 4 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20220319/7003

3 of 3

Report No. T/20220319/7003

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 /
TAY CHUN KEEN
Contact No.: 65476436

NP168

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

Date/Time:
19/03/2022 10:13

Classification Of Case: