

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 28/03/2022 12:08 (SGT)
Date of Accident 27/03/2022 12:20 (SGT)
Exact Location of Accident Bukit Panjang Ring Rd, Singapore
Additional Location Information TOWARDS BUKIT PANJANG ROAD TO KJE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB9733H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BOEY KOK CHENG
NRIC No SXXXX953D
Email Address boeykokcheng@yahoo.com.sg
Mobile Phone No (Phone) +65-98429556
Alternative Phone No +65-98429556

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Gla200
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 1332

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300482216 QMY
Cover Note Number -

DRIVER

Name of Driver BOEY KOK CHENG
NRIC No SXXXX953D

Date Of Birth	13/04/1966
Occupation	Indoor
Date Of Driving Pass	01/02/1985
Driving experience	37 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98429556
Alt. Phone Number	+65-98429556
Email Address	boeykokcheng@yahoo.com.sg
Address	BLK 406 FAJAR ROAD
Address complement	#08-297
Postcode	670406
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TOH SOR 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

PLS REFER TO THE ATTACHED STATEMENT AND POLICE REPORT : T/20220327/7032.

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	GBF6229M
Vehicle Manufacturer	Nissan

Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KOR YEW KUM
NRIC No	SXXXX755J
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 SOR YONG
Gender	Female
Phone No	(Phone) +65-93277838
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON THE NECK AND BACK BODY, AND WAS GIVEN 3DAYS MC. DOCTOR REQUIRE TO GO FOR THE X-RAY FOR FURTHER ASSESSMENT.
Injured person in which vehicle?	SNB9733H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

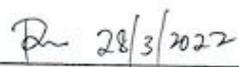
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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")

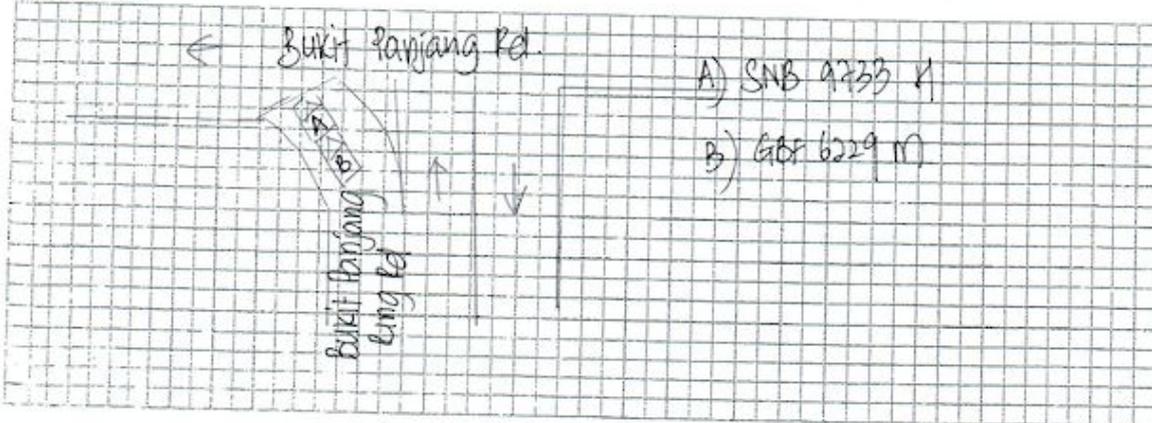
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

 28/3/2022
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

My vehicle was stationary at the slip rd of Bukit Panjang Ring Road to give way to traffic travelling along Bukit Panjang Road.

Suddenly vehicle B from behind collided onto the rear of my vehicle.

Due to the impact, my passenger was injured in the accident.

— police report : T/2022 0327/7032. —

Declaration

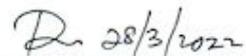
We declare the foregoing particulars are true in every respect.



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/20220327/7032

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

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Report No. T/20220327/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF6229M	NTUC Income Insurance Co-Operative Limited			
SNB9733H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300482216	24/09/2021	23/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	TOH SOR YONG		ID No.	S7102812G
Related Vehicle	SNB9733H (Car)		Contact No.	93277838
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/03/2022		Date	27/03/2022
No. of Days granted Medical Leave	03		Degree of	Slight
Driver				
Name	BOEY KOK CHENG		ID No.	S1770953D
Related Vehicle	SNB9733H (Car)		Contact No.	98429556
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

Yes, with the picture. It happened on 27 Mar 2022 at 1220hrs at the slip road of Bukit Panjanfg Ring Road to give way to traffic travelling along Bukit Panjang Road to KJE. At that time, my veh was stationary at the slip road as there are cars coming along the Bukit Panjang Road. Suddenly a Van (GBF6229M) driving by Mr Kor Yew Kum (S121775J) from behind collided onto my rear of my vehicle. My damaged of my vehicle are rear bumper damage, bracket damages and dented as attached picture but internal damage need to be access my the workshop specialist.

My wife Toh Sor Yong (passenger) in my car was injuries due to the hard impact knock from the rear. she felt great pain on her neck and back body after the knock. She went to see doctor at Prohealth 24-hour Medical clinic and was given 3 days MC and doctor require her to go for the X-Ray for further assessment.



**SINGAPORE
POLICE FORCE**

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



T/20220327/7032

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Report No. T/20220327/7032

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220327/7032

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

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Report No. T/20220327/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

<p>Signature Of Officer Recording The Report: Not applicable</p>	<p>Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.</p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 27/03/2022 21:29</p>
<p>Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414</p>	<p>Classification Of Case:</p>

NP168