

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	09/04/2022 12:07 (SGT)
Date of Accident	08/04/2022 17:30 (SGT)
Exact Location of Accident	15 Kaki Bukit Rd 4, Singapore 417808
Additional Location Information	BARTLEY BIZ CENTRE KAKI BUKIT ROAD 4 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX7273M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG KAH WAI
NRIC No	S7877325A
Email Address	adrian@chaoshengfire.com.sg
Mobile Phone No	(Phone) +65-98225986
Alternative Phone No	+65-98225986

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300227402 QMY
Cover Note Number	-

DRIVER

Name of Driver	LEONG KAH WAI
NRIC No	S7877325A

Date Of Birth	31/07/1978
Occupation	Indoor
Date Of Driving Pass	16/04/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-98225986
Alt. Phone Number	+65-98225986
Email Address	adrian@chaoshengfire.com.sg
Address	BLK 308 ANG MO KIO AVENUE 1, #25-409
Address complement	-
Postcode	561308
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 - Change/cross lane
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	SOE THI HA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT

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	XD7162P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	GNANASEKARAN
Contact Number	(Phone) +65-82610286
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	LEONG KAH WAI
Gender	Male
Phone No	(Phone) +65-98225986
Address	BLK 308 ANG MO KIO AVENUE 1, #25-409
Address Complement	-
Post Code	561308
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJX7273M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Vehicle
Number: SJX 7273M

SKETCH PLAN

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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

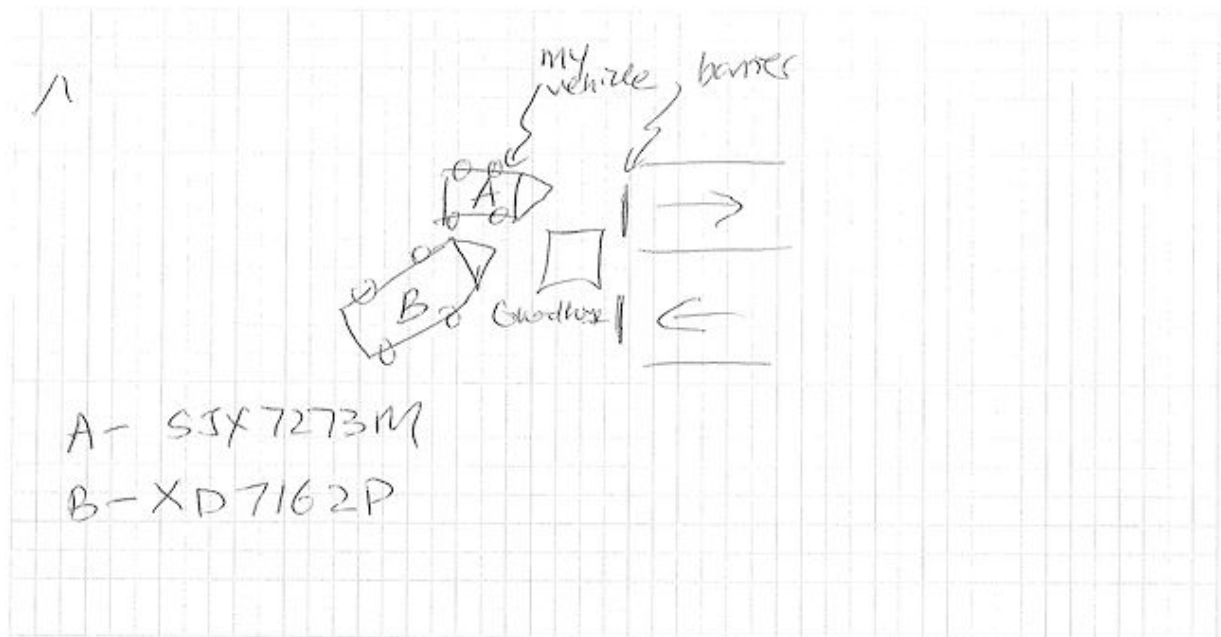
09-04-22
1115h

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle Number: SJX 7273M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 08/04/22 at 1733hrs, I am driving my vehicle exiting the carpark of Bartley Biz Centre. When I am about to exit the barrier, the tipper truck hit me

Refer to report = T/20220409/2034

Police report

DECLARATION

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


Policyholder's Signature
Date & Time:

09-04-22
11/5 hrs

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:







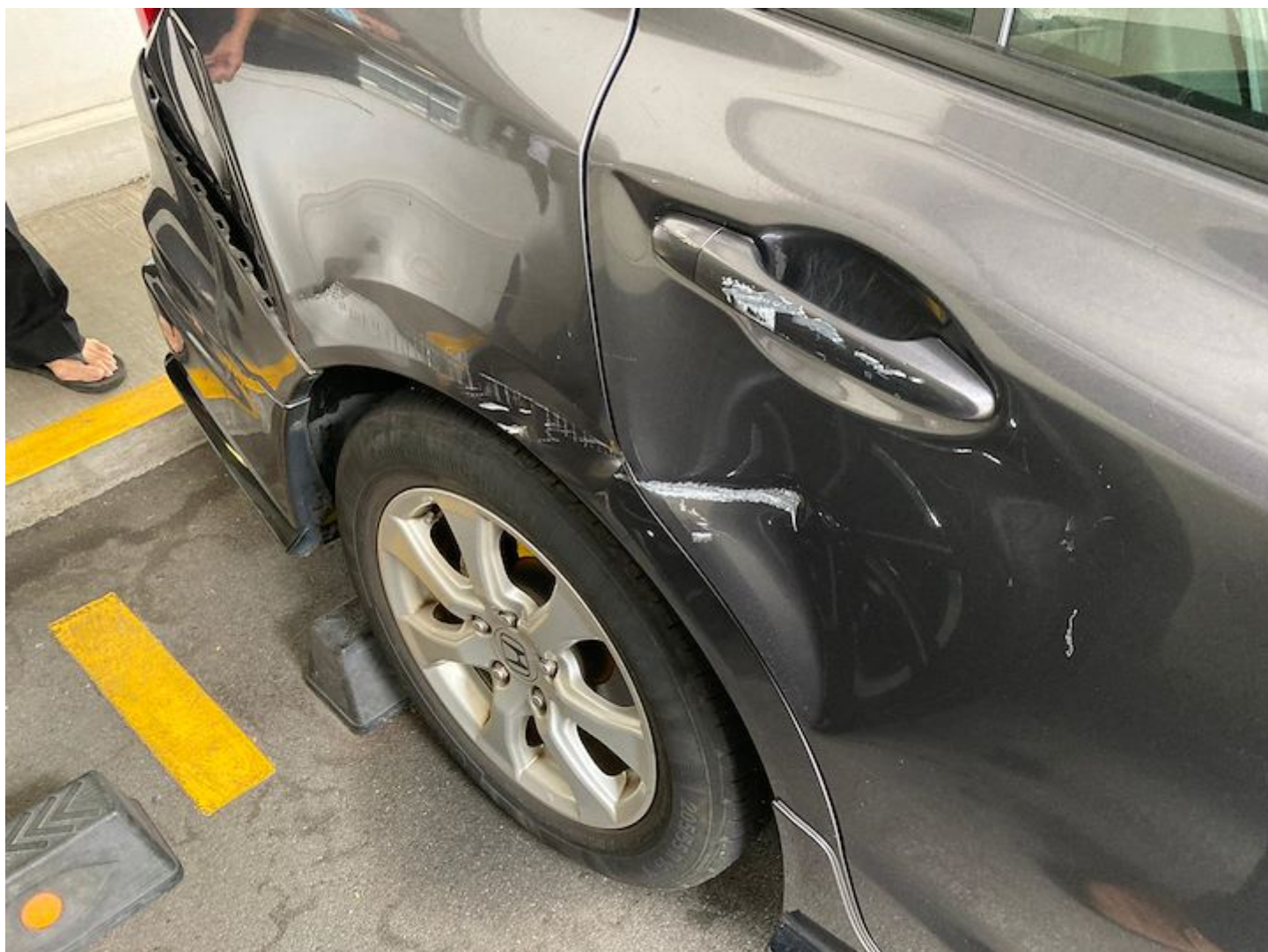






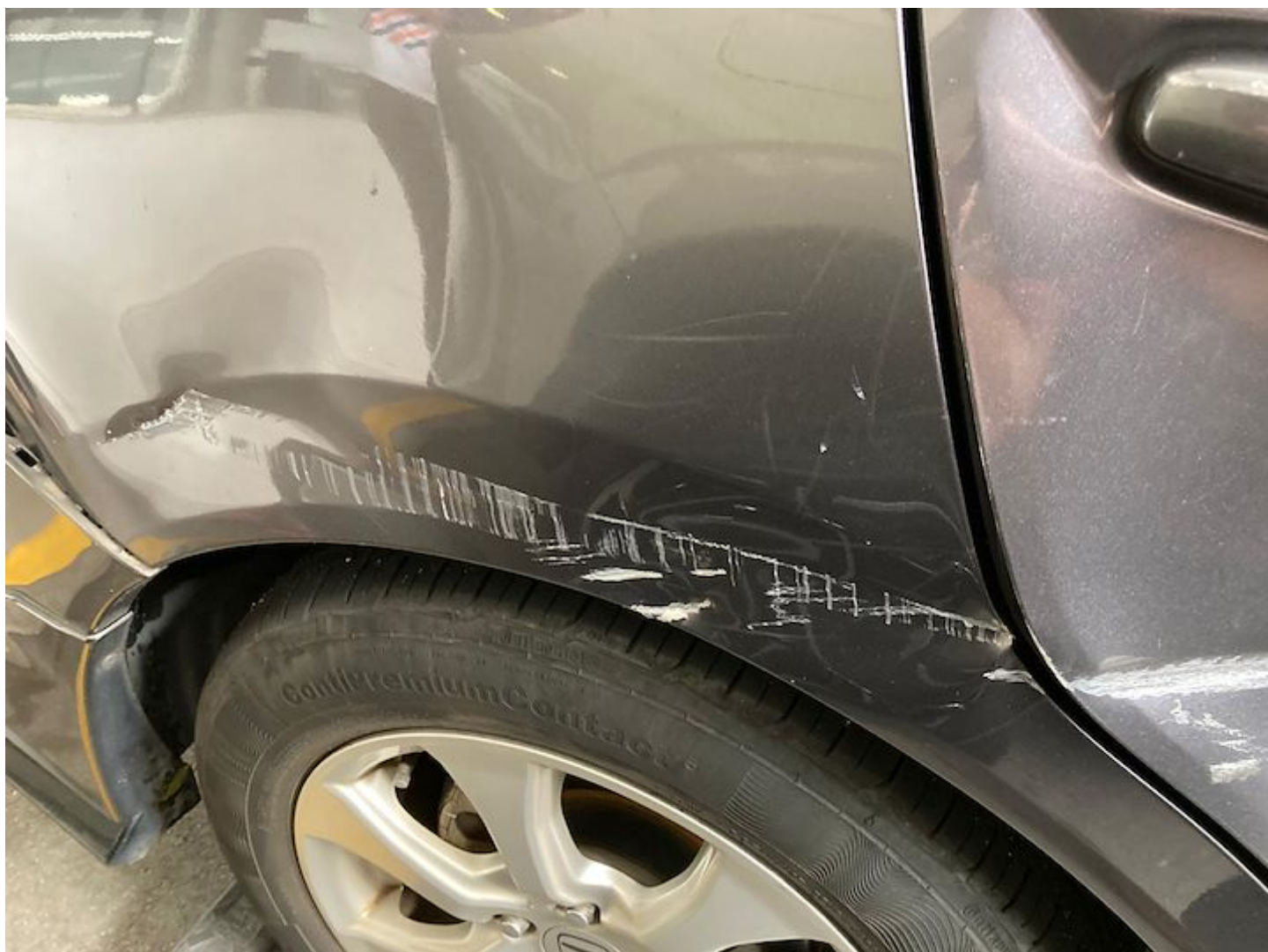
















**SINGAPORE
POLICE FORCE**



T/20220409/2034

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20220409/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2022 10:19	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LEONG KAH WAI	Address: APT BLK 308A ANG MO KIO AVENUE 1 #25-409 SINGAPORE 561308		
ID Type / ID No.: NRIC NO / S7877325A	Contact No.: Home/Office: Mobile: 98225986		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 43	Date of Birth: 31/07/1978	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: SELF EMPLOYED	Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2022 17:30	Type of Location: Car Park
Location: KAKI BUKIT ROAD 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX7273M	Car	HONDA	Honda Civic 1.6	Grey	Seriously Damaged	1
XD7162P	Lorry	ISUZU	CYZ52N	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220409/2034

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 489676
Tel No: 1800-2449999

3 of 3

Report No. T/20220409/2034

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: G / SGT 3 TAN ZHI XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2022 10:19
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	