

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 19/04/2022 12:51 (SGT)
Date of Accident 14/04/2022 19:00 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information TOWARDS SLE (BEFORE WOODLANDS AVENUE 12 EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK6841A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BAI XIANGYU
NRIC No SXXXX043G
Email Address me@jq.sg
Mobile Phone No (Phone) +65-93388308
Alternative Phone No +65-93830485

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 1395

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300256924 QMX
Cover Note Number -

DRIVER

Name of Driver BAI JIAQING
NRIC No SXXXX600E

Date Of Birth	31/08/1994
Occupation	Outdoor
Date Of Driving Pass	25/09/2015
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93830485
Alt. Phone Number	-
Email Address	me@jq.sg
Address	BLK 306 ANG MO KIO AVENUE 1 #02-1163
Address complement	-
Postcode	560306
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20220417/7023

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	SLB1486Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	BAI JIAQING
Gender	Male
Phone No	(Phone) +65-93830485
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLK6841A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

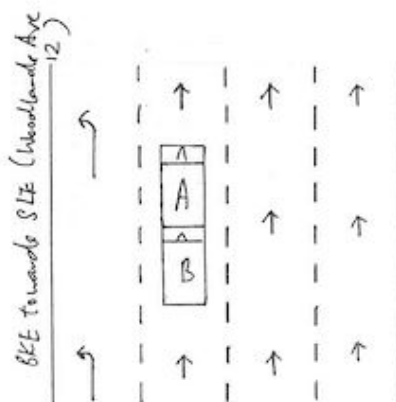
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Bai Nigga
Policyholder's Signature / Date & Time

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

19/04/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A - SLK6841A
Veh B - SLB1486Y

Describe Circumstances of the Accident

Refer to Police Report: 4/20220417/7023

Declaration

We declare the foregoing particulars are true in every respect.

Bai Xiguo
Policyholder's Signature / Date & Time

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

[Signature] 19/04/2022
Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



L/20220417/7023

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POLICE REPORT (NP299)

Report No. L/20220417/7023

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 17/04/2022 18:07	Vide Report No.	Station Diary No.
Name Of Informant BAI JIAQING	Address 306 ANG MO KIO AVENUE 1 #02-1163 SINGAPORE 560306	
ID Type / ID No. NRIC NO / S9473600E	Contact No. Home/Office:	Mobile: 93830485
Nationality SINGAPORE CITIZEN	Email Address BAIJIAQING@GMAIL.COM	
Occupation Manager	Sex Male	Age 27
Institution/School Name	Date of Birth 31/08/1994	Race Chinese
Date/Time Of Incident 14/04/2022 19:00	Location Of Incident SELETAR EXPRESSWAY	

Brief details.

On the stated date and time I vehicle SLK6841A was travelling straight on the stated venue.
As the vehicle in front of me stopped I follow suit.
Suddenly vehicle SLB1486Y came from behind and hit onto my vehicle's rear portion.
The impact was great. I was belted.
After a while I felt pain on my neck, shoulders and back areas but I ignore it.
The next day the pain persisted and I went to intermedical kovan clinic to seek treatment and I was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2022 18:07
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE
POLICE FORCE**

L/20220417/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220417/7023

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
17/04/2022 18:07

Classification Of Case: