

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
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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



**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**

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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: