

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 17/05/2022 17:10 (SGT)
Date of Accident 13/05/2022 18:22 (SGT)
Exact Location of Accident Woodlands Ave 10, Singapore
Additional Location Information TOWARDS GAMBAS AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT7017Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN BOON HUAT
NRIC No SXXXX528Z
Email Address jedkim2000@yahoo.com
Mobile Phone No (Phone) +65-98329787
Alternative Phone No +65-98329787

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 1496

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300335806 QMX
Cover Note Number -

DRIVER

Name of Driver TAN BOON HUAT
NRIC No SXXXX528Z

Date Of Birth	06/11/1967
Occupation	Indoor
Date Of Driving Pass	28/07/1988
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98329787
Alt. Phone Number	+65-98329787
Email Address	jedkim2000@yahoo.com
Address	BLK 615 WOODLANDS AVENUE 4 #11-517
Address complement	-
Postcode	730615
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	Raining
Road Surface	Wet

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/20220512/7028

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3119L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	TAN BOON HUAT
Gender	Male
Phone No	(Phone) +65-98329787
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMT7017Y
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 willful 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' 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

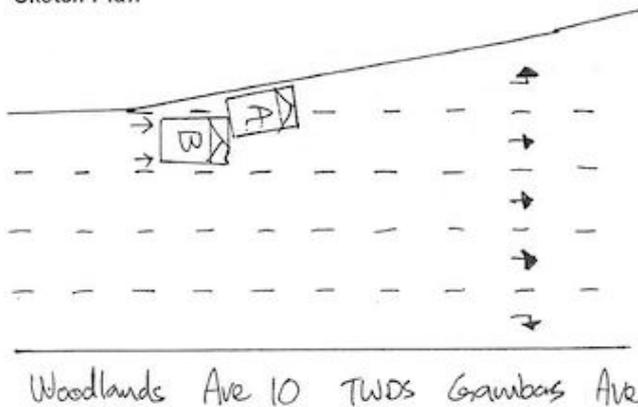
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

陈发
 Policyholder's Signature / Date & Time

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

aw 17/05/2022
 Witnessed by Reporting Centre Personnel

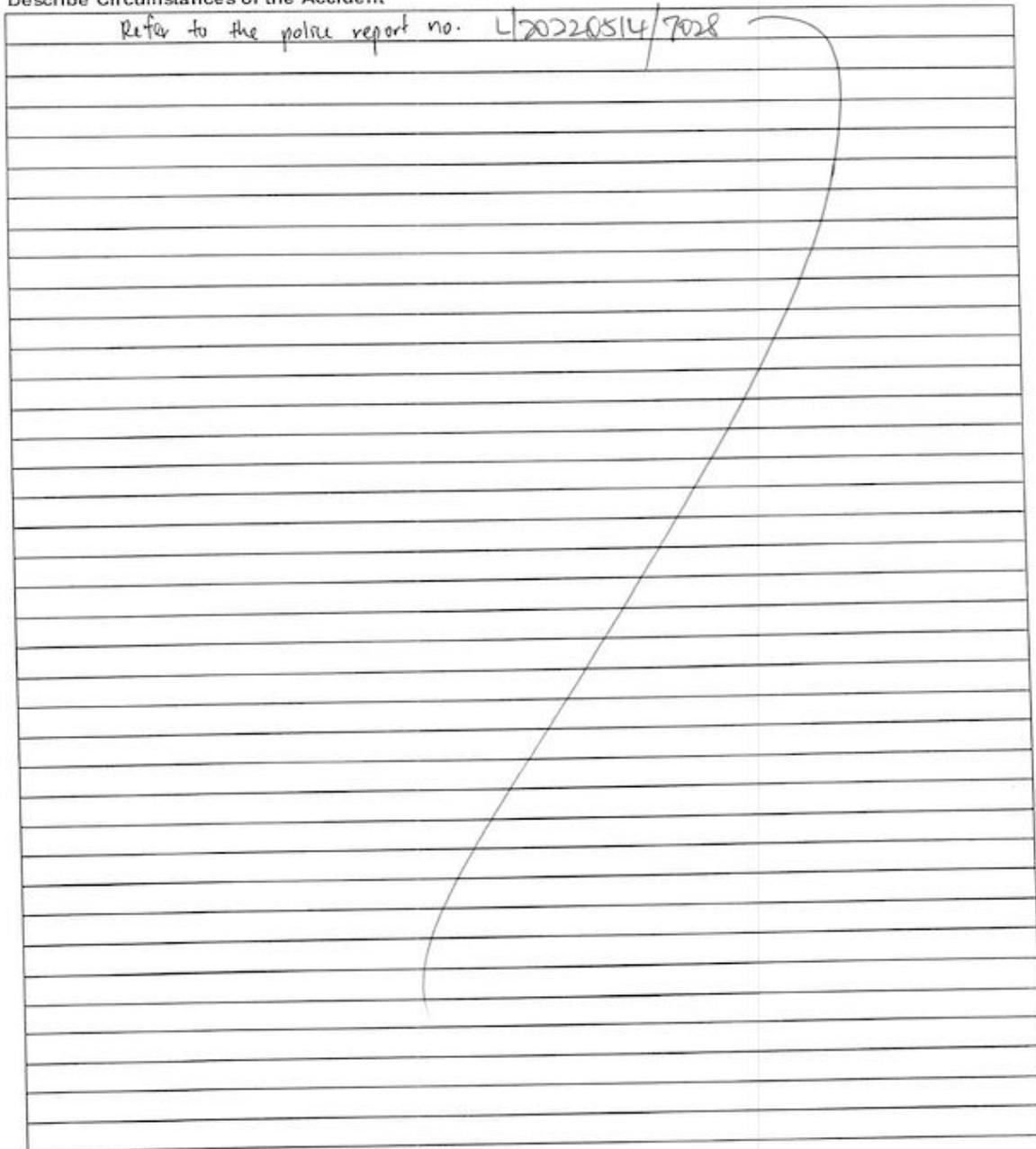
Sketch Plan



Vehicle A: SMT7C17Y
 Vehicle B: YQ319L

Describe Circumstances of the Accident

Refer to the police report no. L/20220514/9028



Declaration

We declare the foregoing particulars are true in every respect.

陈发
Policyholder's Signature / Date & Time

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

17/05/2022
Witnessed by Reporting Centre Personnel

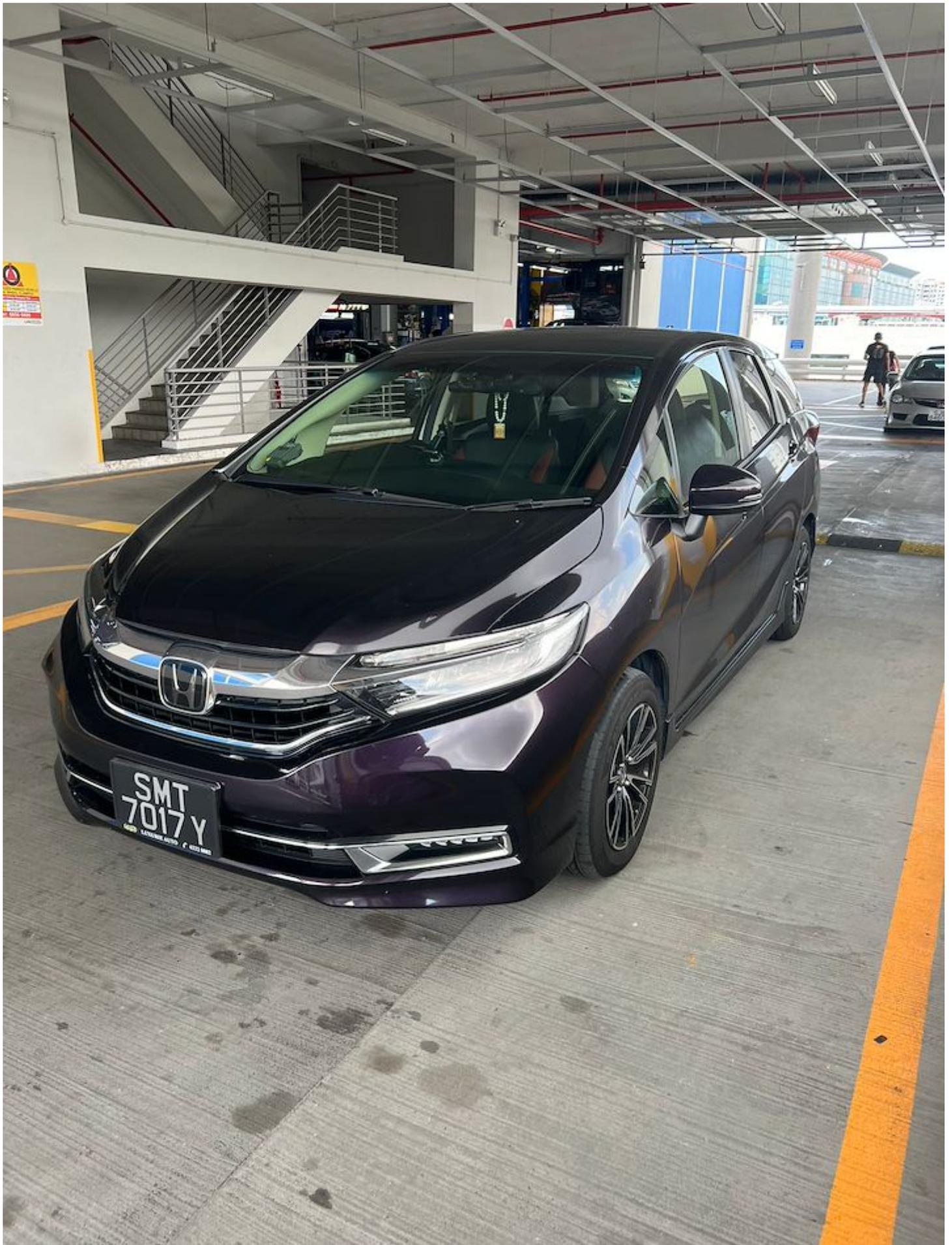


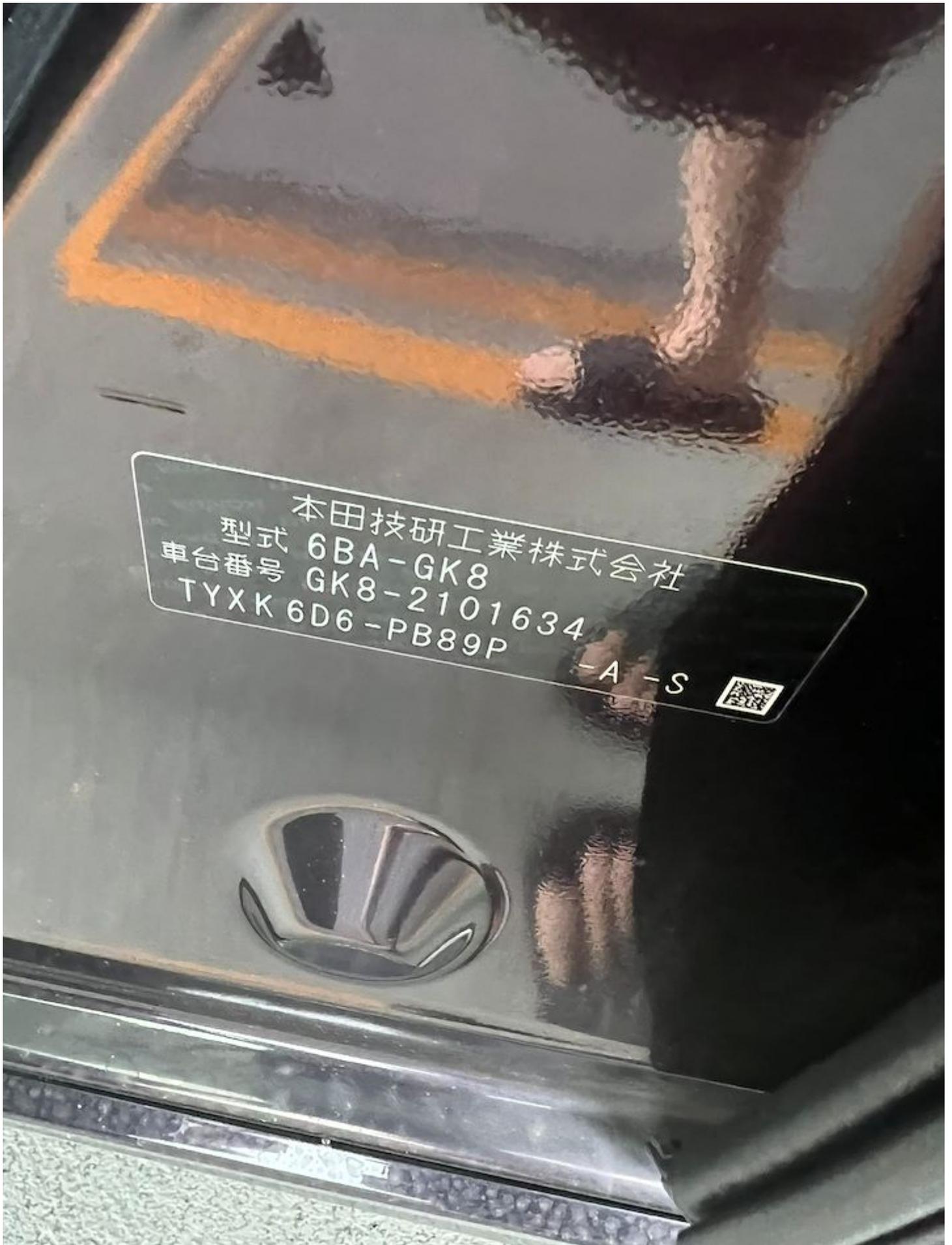















**SINGAPORE
POLICE FORCE**


L/20220514/7028

1 of 2

POLICE REPORT (NP299)

Report No. L/20220514/7028

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

Date/Time Report Made 14/05/2022 15:26	Vide Report No.	Station Diary No.
Name Of Informant TAN BOON HUAT	Address 615 WOODLANDS AVENUE 4 #11-517 SINGAPORE 730615	
ID Type / ID No. NRIC NO / S1822528Z	Contact No. Home/Office:	Mobile: 98329787
Nationality SINGAPORE CITIZEN	Email Address ashley9567@yahoo.com	
Occupation Cook	Sex Male	Age 54
Institution/School Name	Date of Birth 06/11/1967	Race Chinese
Date/Time Of Incident 13/05/2022 18:20	Location Of Incident WOODLANDS AVENUE 10	

Brief details.

On the stated date and time, I was driving my vehicle SMT7017Y along Woodlands Ave 10, travelling straight along the extreme left lane, when I had gradually come to a stop due to traffic conditions.

Suddenly, a massive impact slammed into the rear of my vehicle causing my vehicle to surge forward.

As the impact was huge and caught me completely off guard, my body lurched forward only to be restrained by the seat belt.

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: 14/05/2022 15:26
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220514/7028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220514/7028

I alighted to realise YQ3119L had smashed the the rear of my vehicle, leaving it badly damaged.

Shortly after the accident, I started feeling aches and stiffness in my neck, shoulders and lower back areas.

The pain over these areas got worse the following morning and I decided to seek treatment at Intemedical Kovan near my place of worship.

I was given 3 days MC for injuries caused by the accident.

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: 14/05/2022 15:26
Officer In-Charge Of Case:	Classification Of Case: