

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 26/05/2022 17:41 (SGT)
Reported by -
Date of Accident 24/05/2022 07:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLOCK 603, YISHUN STREET 61 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB9138A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAY SEOW YONG
NRIC No S7531284I
Email Address SEOWYONG12@HOTMAIL.COM
Mobile Phone No (Phone) +65-94366258
Alternative Phone No +65-94366258

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number D 300430497 QMY

DRIVER

Name of Driver TEE HOCK LYE (TAY HOCK LYE)
NRIC No S0192321H
Date Of Birth 23/12/1949
Occupation Indoor

Date Of Driving Pass	19/03/1975
Driving experience	47 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84206278
Alt. Phone Number	-
Email Address	SEOWYONG12@HOTMAIL.COM
Address	67 SUNSET WAY#02-24 S597092
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MRS. TAY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SCL8000Z
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)	-


SKETCH PLAN

IMPORTANT NOTICE

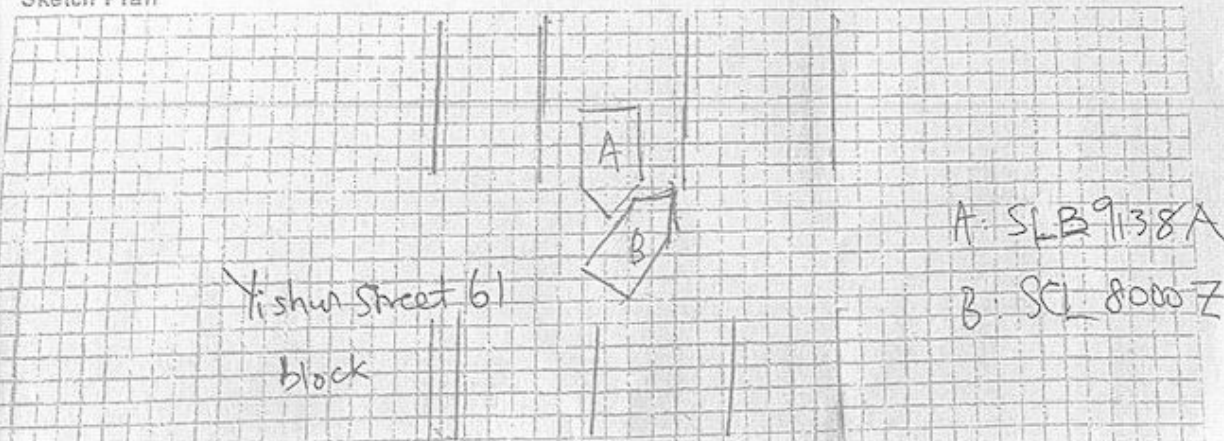
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

 26/5/22
Policyholder's Signature / Date & Time
11am

 26/5/22
Driver's Signature (if driver is not the policyholder) / Date & Time
11am


Witnessed by Reporting Centre Personnel

Sketch Plan




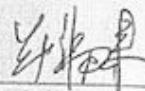
Describe Circumstances of the Accident


Please refer to police report attached

Declaration

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

 26/5/22
Policyholder's Signature / Date & Time
11 am

 26/5/22
Driver's Signature (If driver is not the policyholder) / Date & Time
11 am


Witnessed by Reporting Centre Personnel







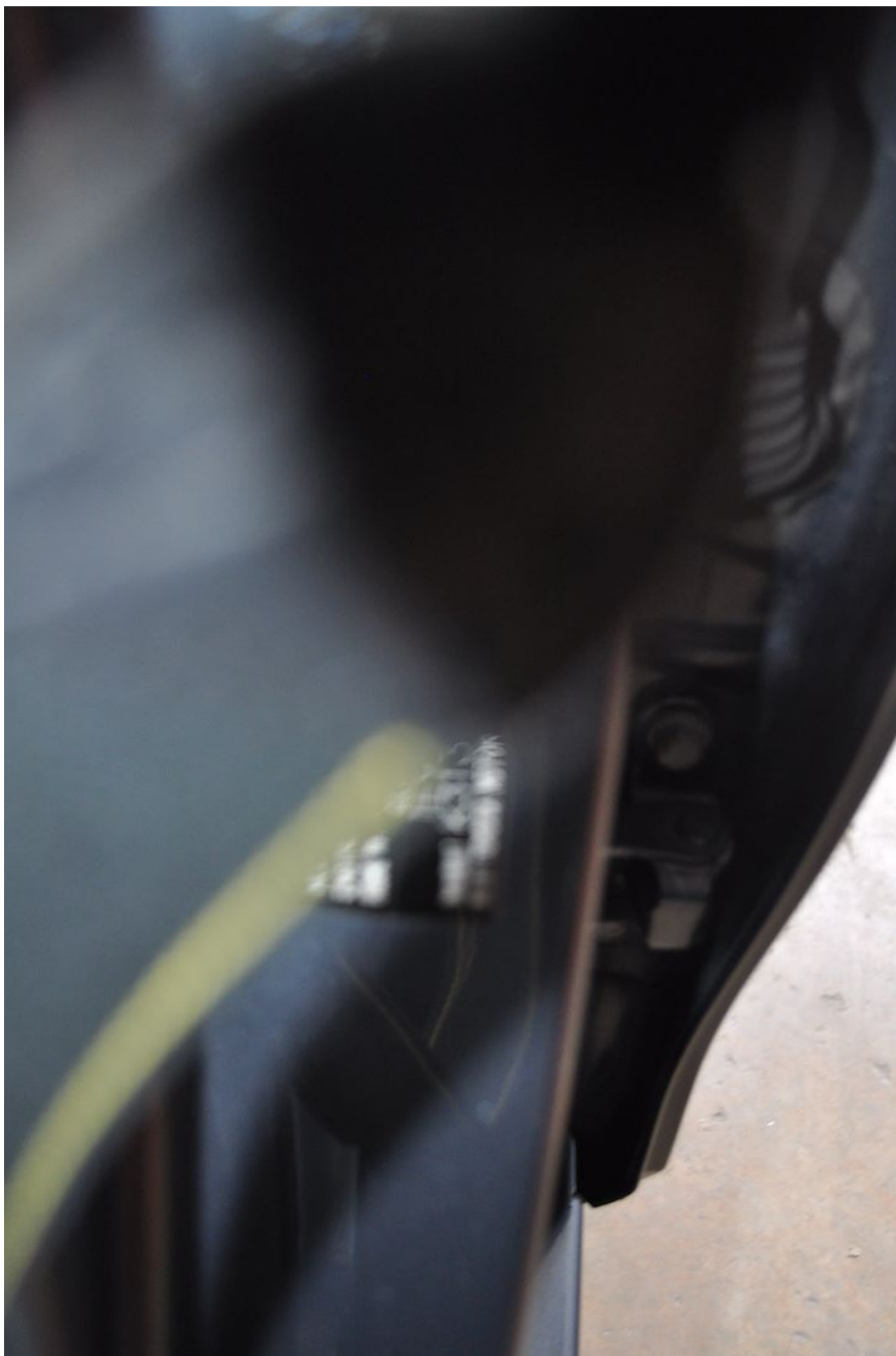




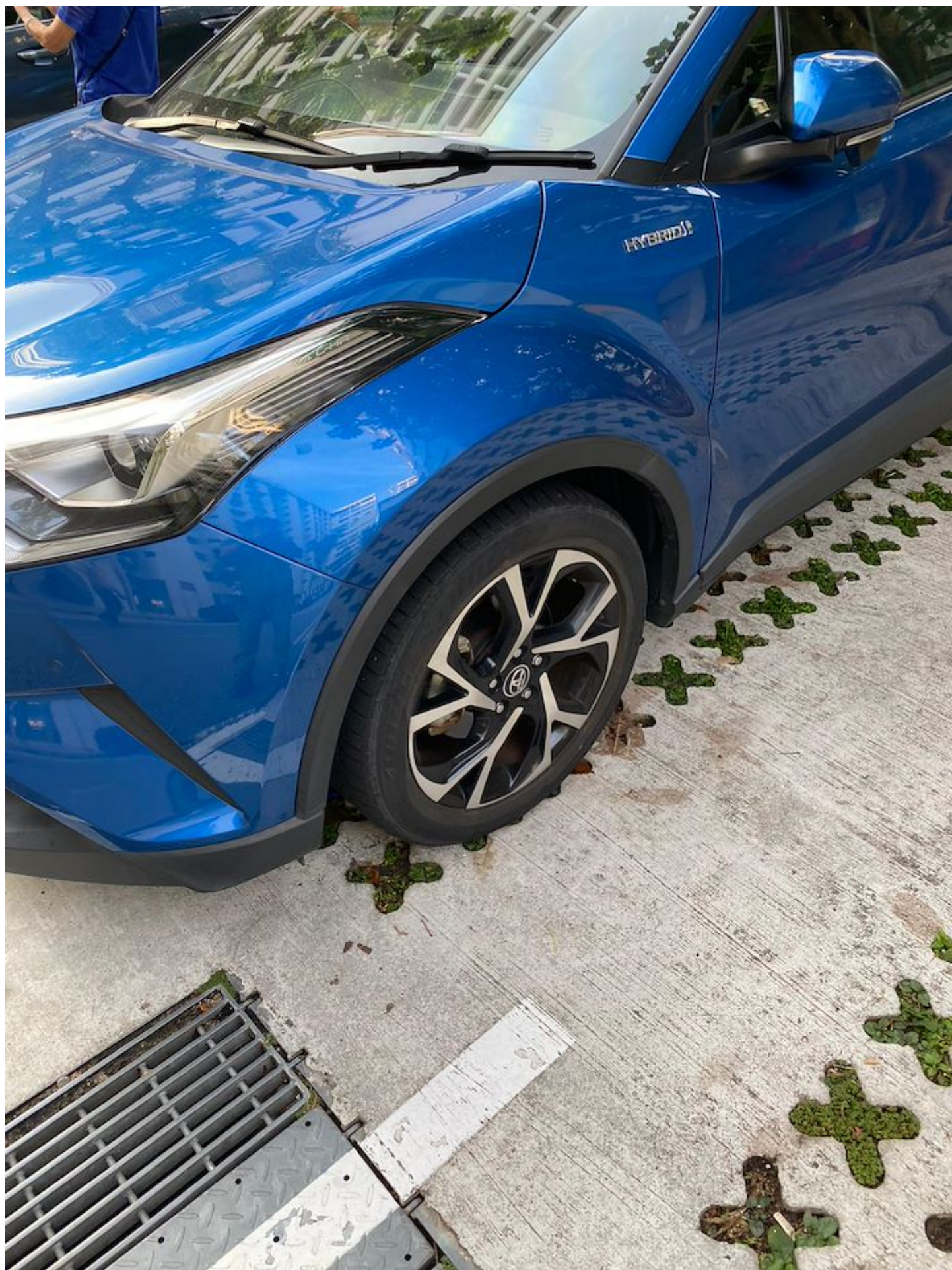


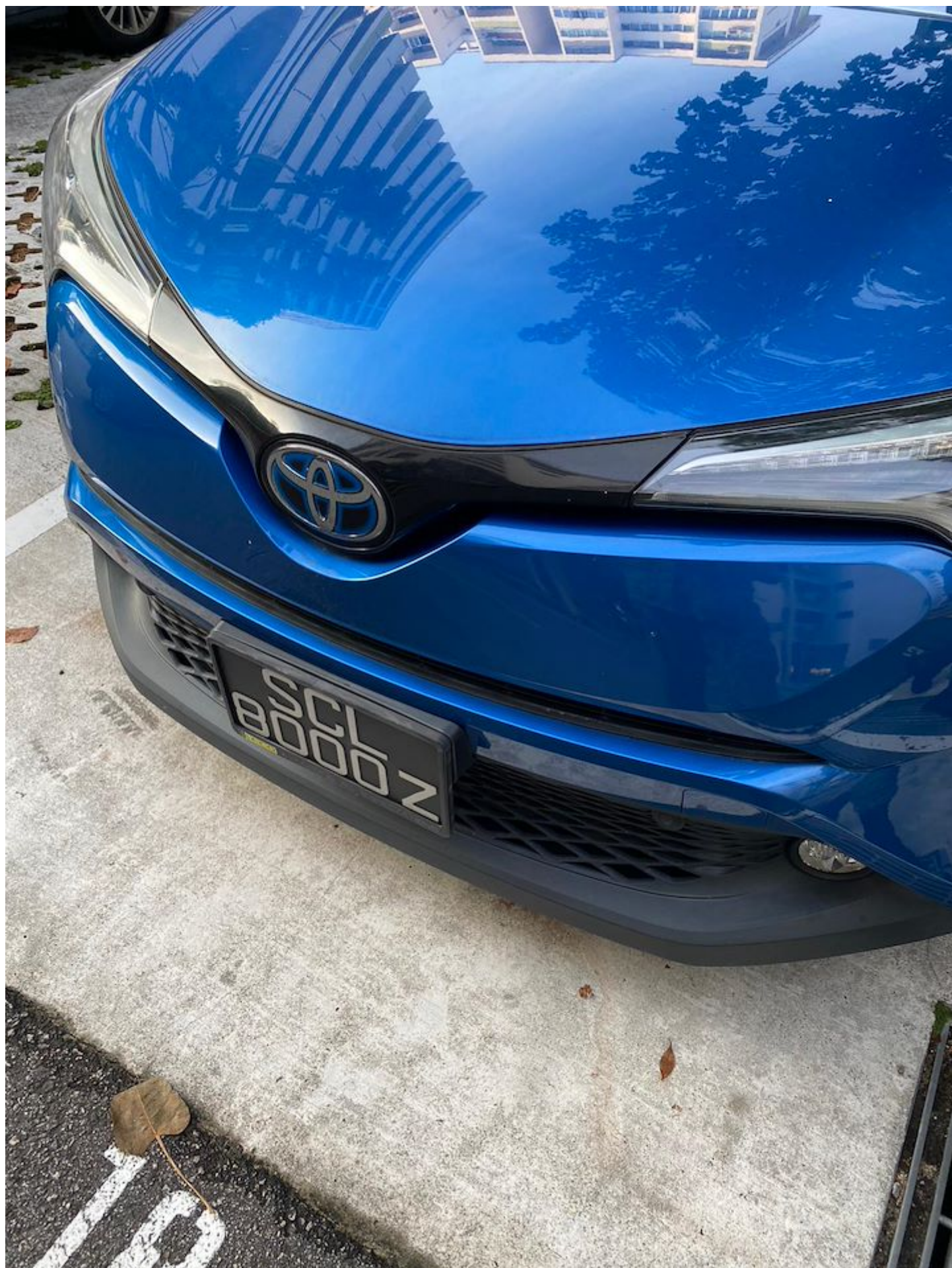














**SINGAPORE
POLICE FORCE**



T/20220524/2029

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20220524/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2022 10:20	Vide Report No.:	Station Diary No.: 36
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TEE HOCK LYE			Address: 67 SUNSET WAY #02-24 SINGAPORE 597092		
ID Type / ID No.: NRIC NO / S0192321H			Contact No.: Home/Office: Mobile: 84206278		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 23/12/1949	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Drink Stall Operator			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2022 07:45	Type of Location: Car Park
Location: YISHUN STREET 61				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCL8000Z	Car	TOYOTA		Blue	No Damage	0
SLB9138A	Car	TOYOTA	ALTIS	Blue	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220524/2029

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20220524/2029

CONTINUATION OF REPORT

Driver			
Name	Justin Chan Hong Chiat	ID No.	S7913107E
Related Vehicle	SCL8000Z (Car)	Contact No.	96605883
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TEE HOCK LYE	ID No.	S0192321H
Related Vehicle	SLB9138A (Car)	Contact No.	84206278
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/5/2022 at about 7.45am I was at the carpark of Blk 603 Yishun St 61. I was reverse parking my car SLB9138A, I was almost inside my parking lot when along came another car SCL8000Z. The other driver did not wait for me to enter completely into my parking lot and started to reverse his car into the opposite parking lot.

As such the front left tyre of the other car hit onto the front left portion of my car, causing the bumper of my car to be dented and dislodged.

Nobody was injured. We exchange particulars. I could see that there was no damage on his car and asked me to claim from insurance. Later he also message that there was no damage to his car. I do not have any in-car camera install inside my car.



**SINGAPORE
POLICE FORCE**



T/20220524/2029

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20220524/2029

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:

D /
SI SUHAIMI BIN NGAPI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/05/2022 10:20

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168