

## 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 .....	13/07/2022 08:24 (SGT)
Reported by .....	Both
Date of Accident .....	09/07/2022 12:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CLEMENTI AVE 6
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKP8836M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SHIE MING KHANG
NRIC No .....	SXXXX334C
Email Address .....	MKSHIE@SINGNET.COM.SG
Mobile Phone No .....	(Phone) +65-90187867
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	TOYOTA COROLLA ALTIS 1.6L CVT
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.
Policy Number / Cover Note Number .....	B 300471697 QMX

#### DRIVER

Name of Driver .....	SHIE MING KHANG
NRIC No .....	SXXXX334C
Date Of Birth .....	26/06/1978
Occupation .....	Indoor

Date Of Driving Pass .....	22/06/1996
Driving experience .....	26 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90187867
Alt. Phone Number .....	-
Email Address .....	MKSHIE@SINGNET.COM.SG
Address .....	19 ENG KONG CRESCENT
Address complement .....	-
Postcode .....	S599414
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 .....	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? .....	Yes
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 .....	SHIE CHOON KWAI @ HSU CHOON KWAI
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFEE POLICE REPORT : T/20220710/7023

#### 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 .....	SJL8285K
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 .....	PRIVATE AMBULANCE
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SHIE CHOON KWAI @ HSU CHOON KWAI
Gender .....	Male
Phone No .....	(Phone) +65-97969467
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKP8836M
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**



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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.

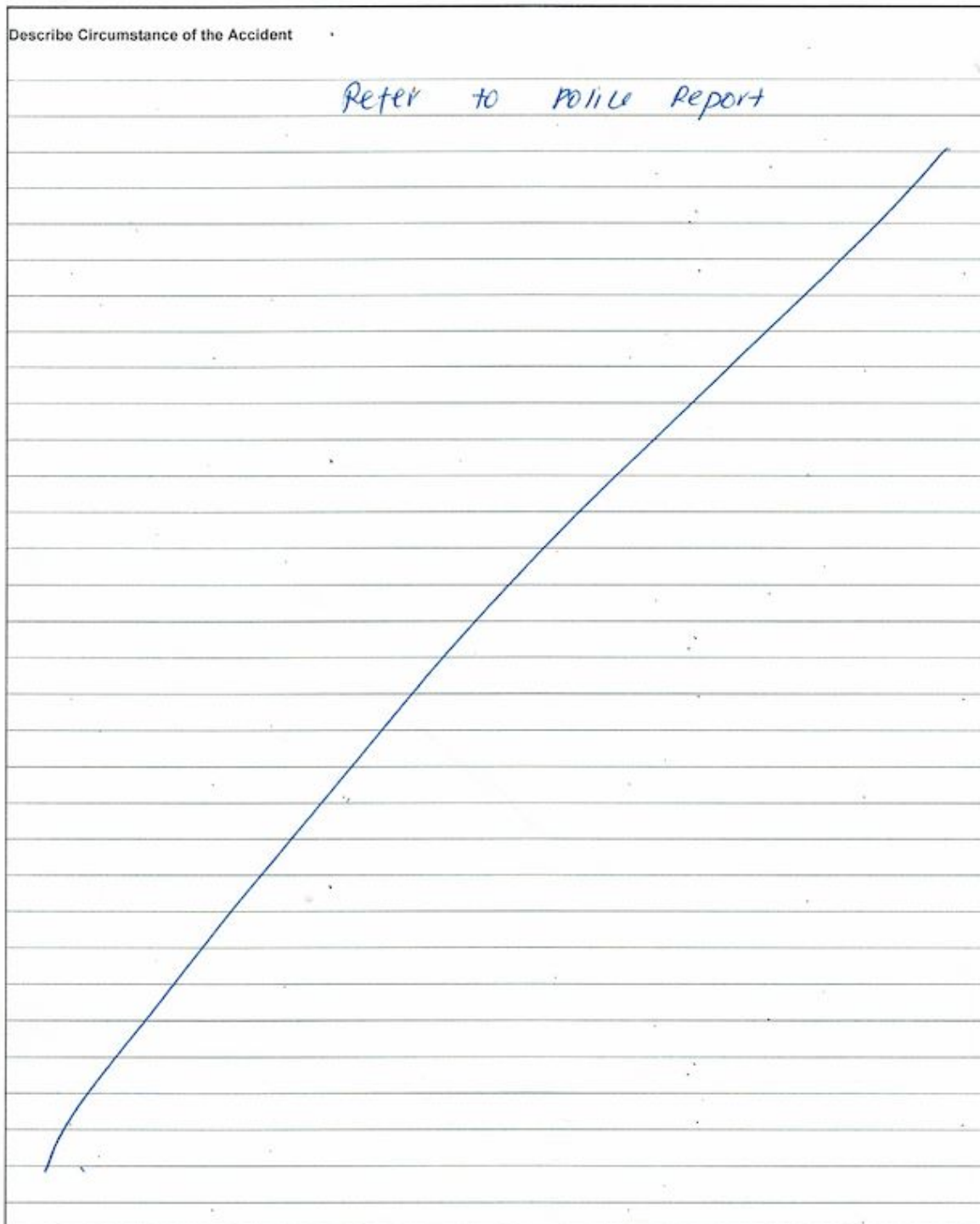
 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	Grace Ng Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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**Sketch Plan**



Describe Circumstance of the Accident

Refer to Police Report



Declaration

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



Policyholder's Signature / Date & Time



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

Grace Ng

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

































**SINGAPORE  
POLICE FORCE**



T/20220710/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220710/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/07/2022 16:23		Vide Report No.: D/20220709/0067		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SHIE MING KHANG			Address: 19 ENG KONG CRESCENT SINGAPORE 599414		
ID Type / ID No.: NRIC NO / S7817334C			Contact No.: Home/Office: Mobile: 90187867		
Nationality: SINGAPORE CITIZEN			Email: mkshie@singnet.com.sg		
Sex: Male	Age: 44	Date of Birth: 26/06/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2022 12:00	Type of Location: Straight Road
Location:  CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL8285K	Van				Seriously Damaged	2
SKP8836M	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220710/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220710/7023

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP8836M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300471697	26/09/2021	25/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SHIE CHOON KWAI @ HSU CHOON KWAI		ID No.	S0878321G
Related Vehicle	SKP8836M (Car)		Contact No.	97969467
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/07/2022		Date	09/07/2022
No. of Days granted Medical Leave		NIL	Degree of	Serious
Driver				
Name	SHIE MING KHANG		ID No.	S7817334C
Related Vehicle	SKP8836M (Car)		Contact No.	90187867
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/07/2022		Date	10/07/2022
No. of Days granted Medical Leave		02	Degree of	Slight

**Brief Details.**

ON 09/07/2022 AT ABOUT 12PM, I WAS DRIVING MY VEHICLE - SKP8836M, WITH MY DAD IN MY VEHICLE ALONG CLEMENTI AVENUE 6. AT THE SLIP ROAD TO COMMONWEALTH AVENUE WEST, NEAR BLK 304, THERE WERE 2 LORRY CARRYING OUT SOME ROAD WORKS/PRUNING. ONE OF THE LORRY ATTEMPTED TO MOVE OFF. I SLOWED DOWN MY VEHICLE AND SUDDENLY I FELT A HUGE IMPACT ON MY VEHICLE'S REAR PORTION. WHEN I ALIGHTED, I THEN REALISED THAT I WAS REAR-ENDED BY VEHICLE NUMBER - SJL8285K. AS IT WAS A PRIVATE AMBULANCE, THE PATIENT AND DRIVER WERE TAKEN TO THE HOSPITAL RESPECTIVELY AND SUBSEQUENTLY, MY DAD WAS CONVEYED TO NUH BY ANOTHER AMBULANCE.

I WISH TO STATE THAT I WAS TRAVELLING STRAIGHT ALONG THE RIGHT LANE OF THE SLIP ROAD. I HAVE THEN SOUGHT FOR MEDICAL ATTENTION AS WELL AT WEE HEALTHFIRST MEDICAL CLINIC AND WAS GIVEN 2DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20220710/7023

Police Station Of Origin:  
Traffic Police  
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Report No. T/20220710/7023

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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T/20220710/7023

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Report No. T/20220710/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMMED FERROZ BIN HUSSIEEN  
Contact No.: 65476206

NP168

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

Date/Time:  
10/07/2022 16:23

Classification Of Case: