

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 14/07/2022 09:40 (SGT)
Reported by Both
Date of Accident 13/07/2022 07:00 (SGT)
Exact Location of Accident Commonwealth Ave W, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF7580J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YU LIGEN
NRIC No S6860517B
Email Address MLGYU@NTU.EDU.SG
Mobile Phone No (Phone) +65-93396287
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 1598

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number S90527872SMF

DRIVER

Name of Driver GUO FENG
NRIC No S7382340D
Date Of Birth 14/01/1973
Occupation Indoor

| | |
|--|-------------------------------|
| Date Of Driving Pass | 28/12/2011 |
| Driving experience | 10 YEARS AND 7 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96795602 |
| Alt. Phone Number | - |
| Email Address | MLGYU@NTU.EDU.SG |
| Address | BLK 62A STARTHMORE AVE #15-44 |
| Address complement | - |
| Postcode | 142062 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Queenstown Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004719999 |
| Alt. Police Station Phone No | (Fax) +65-64715299 |
| Police Station Address | No. 3 Queensway #01-03 Singapore 149073 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220713/2095

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 | XE1883B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | CHIN SEA PING |
| Passport No/FIN | F8487648T |
| Contact Number | (Phone) +65-96795602 |
| 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 | GUO FENG |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SKF7580J |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

于利根

Policyholder's Signature
Date & Time:

24

Driver's Signature
(If driver is not the policyholder)
Date & Time:

3

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - SKF758QJ
B - XE1883B

Commonwealth Ave West

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/07/2022 (0700 hrs.)

Refer to Police Report T/20220713/2095.

DECLARATION

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

于利根
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

☐ Claim own policy
☐ Claim third party
☒ Claim OD at other workshop Willy Motor
☐ For record purpose

Policy No. S90527872SMF
Insurer MSI G Veh. No. SKF758QJ

GIATAC SketchPlanForm_V3





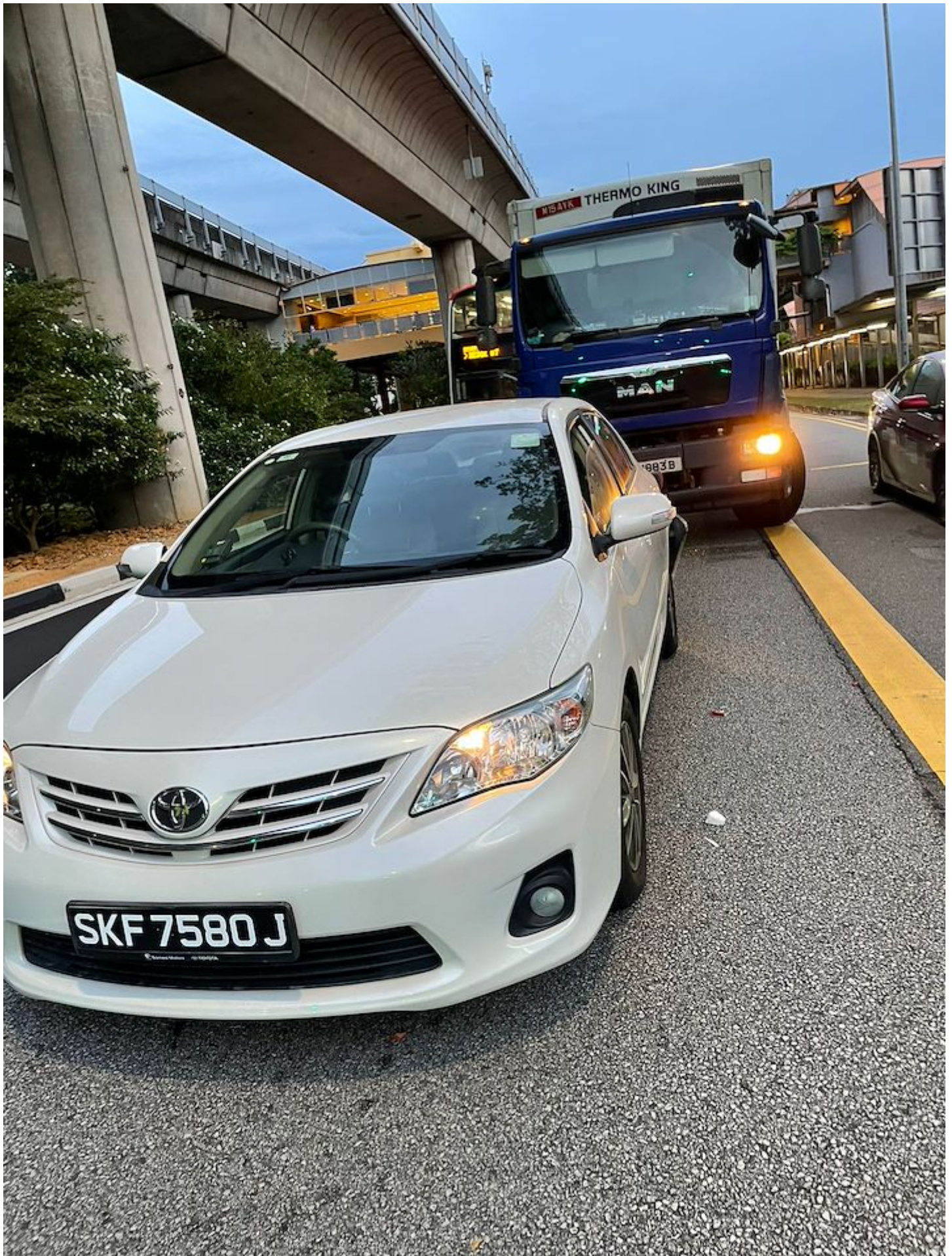

















**SINGAPORE
POLICE FORCE**


T/20220713/2095

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20220713/2095

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 13/07/2022 21:50 | Vide Report No.: | Station Diary No.: 66 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|------------------------------|
| Name of Informant: GUO FENG | Address: APT BLK 62A STRATHMORE AVENUE #15-44 SINGAPORE 142062 | | |
| ID Type / ID No.: NRIC NO / S7382340D | Contact No.: Home/Office: Mobile: 96795602 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Female | Age: 49 | Date of Birth: 14/01/1973 | Type of Informant: Driver |
| Race: Chinese | Language: | | Institution / School Name: |
| Occupation: FINANCIAL MANAGER | Driving Licence Information: Class: 3A | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|---|---|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 13/07/2022 07:00 | Type of Location: Straight Road |
| Location: COMMONWEALTH AVENUE | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|--------|------------------------------|-------|---------------------|-----------------|
| SKF7580J | Car | TOYOTA | COROLLA ALTIS 1.6 AUTO | White | Slightly Damaged | 0 |
| XE1883B | Lorry | MAN | TGM 18.250 4X2 BB | Blue | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220713/2095

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20220713/2095

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------------------|--|---|
| Driver | | | |
| Name | GUO FENG | ID No. | S7382340D |
| Related Vehicle | SKF7580J (Car) | Contact No. | 96795602 |
| Hospital/Clinic | ALEXANDRA FAMILY CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 13/07/2022 | Date Discharge | 13/07/2022 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | CHIN SEA PING | ID No. | F8487648T |
| Related Vehicle | XE1883B (Lorry) | Contact No. | 83630978 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4A,4 Date of Expiry: 24/07/2026 |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 13/07/2022 at about 0700hrs, I was driving my car with registration plate, SKF7580J, along Commonwealth Avenue towards Queenstown MRT. A traffic light was nearing and as I was afraid that the traffic light may turn red soon, I began to slow down. Suddenly, I felt a bump on the back of my car. I came down from my car and noticed that my car was hit by a lorry with registration plate, XE1883B. The other party also alighted and we exchanged particulars before he drove off. But as the back bumper of my car is coming off, I activated towing crew through my insurance company to tow my car away. No police or ambulance was activated, no government property was damaged.

After the accident, I did feel slight chest pain but was in a shock to register what has happened thus did not activate ambulance. At about 1100hrs, I started feeling sore and numbness at the back of my neck and the left portion of my torso, left shoulder and upper arm. So I decided to see a doctor. I was given 3 days medical leave from 13/07/2022 to 15/07/2022, both dates inclusive.

My car suffered damages on the back bumper but I do not know how much it will cost to fix it. I was also advised by my insurance company to lodge a police report.

**SINGAPORE
POLICE FORCE**

T/20220713/2095

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20220713/2095

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 /
SGT 3 CHOW YUN NI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/07/2022 21:50

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168