

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	25/07/2022 15:04 (SGT)
Reported by	Driver
Date of Accident	22/07/2022 02:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF HOUGANG AVE 3 & UPP SERANGOON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7227K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO SENG THIAM
NRIC No	SXXXX545H
Email Address	st.khoo44@gmail.com
Mobile Phone No	(Phone) +65-97282688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx300
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	1998

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 29133109 ALM

DRIVER

Name of Driver	KAREN KHOO POH MAN
NRIC No	SXXXX950G
Date Of Birth	14/09/1996
Occupation	Indoor

Date Of Driving Pass	30/07/2016
Driving experience	6 YEARS
Gender	Female
Mobile Number	(Phone) +65-91687191
Alt. Phone Number	-
Email Address	khodkaren@yahoo.com
Address	63 PASIR RIS GROVE
Address complement	#15-05
Postcode	518216
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	NICOLE TAN MEI JUN
Gender	Female

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

PLS REFER TO THE POLICE REPORT

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	SMP4642H
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	KAREN KHOO POH MAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SLQ7227K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NICOLE TAN MEI JUN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SLQ7227K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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")

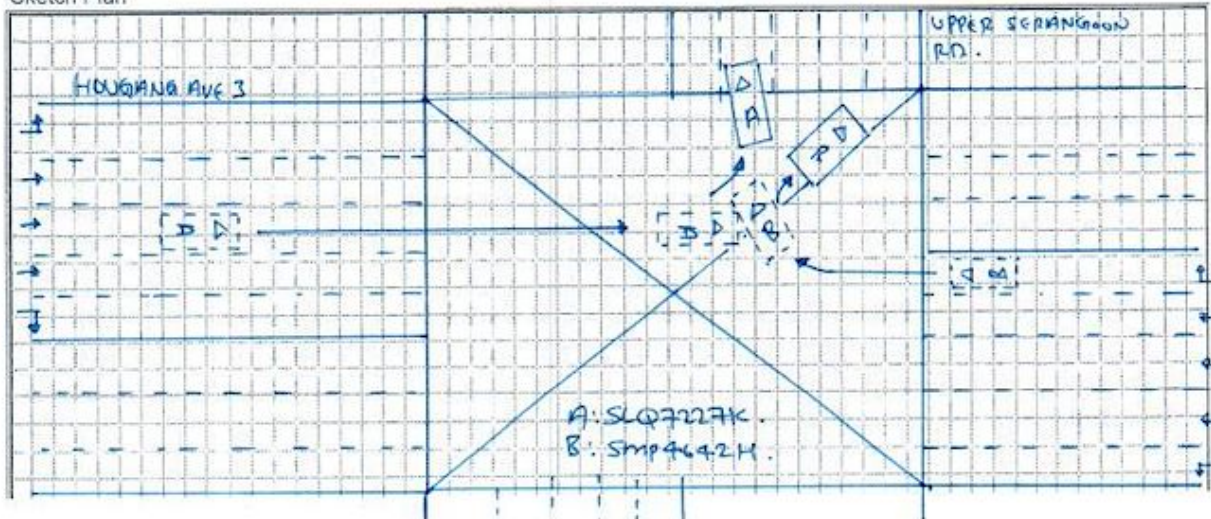
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

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

Sketch Plan



Describe Circumstance of the Accident	
PLEASE REFER TO POLICE REPORT.	

PLEASE 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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

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



T/20220722/7003

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Report No. T/20220722/7003

CONTINUATION OF REPORT

Passenger			
Name	NICOLE TAN MEI JUN		ID No. S9638040B
Related Vehicle	SLQ7227K (Car)		Contact No. 96239767
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	KAREN KHOO POH MAN		ID No. S9671950G
Related Vehicle	SLQ7227K (Car)		Contact No. 91687191
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

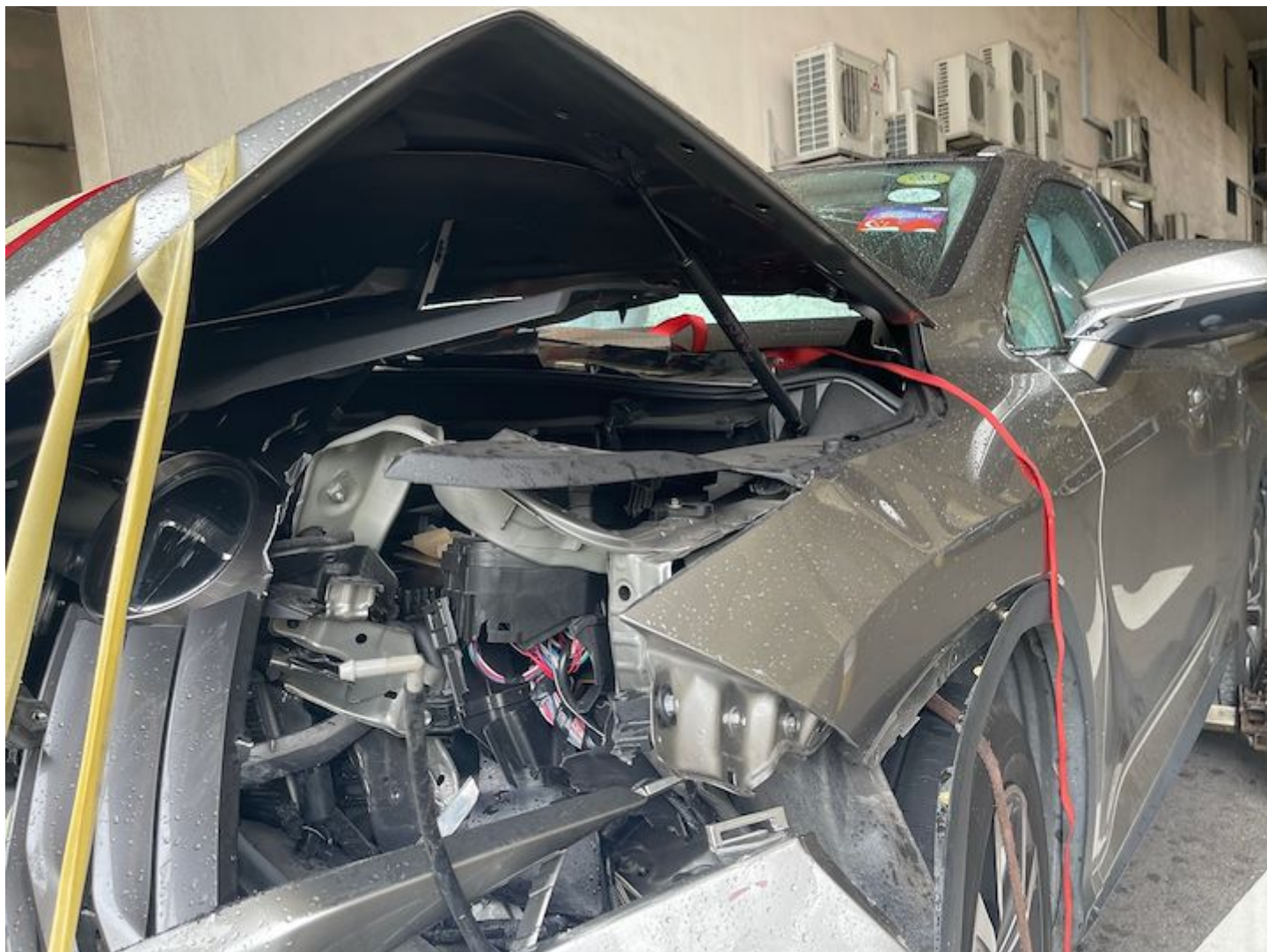
ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG HOUGANG AVE 3.
THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR.

SMP4642H WAS COMING FROM THE OPPOSITE DIRECTION AND WAS MAKING A
DISCRETIONARY RIGHT TURN WITHOUT THE GREEN ARROW SHOWING FROM HOUGANG AVE 3
TOWARDS UPPER SERANGOON RD AND HIT ONTO MY VEHICLE.

I FELT PAIN AFTER THE ACCIDENT AND WENT TO THE DOCTOR AND WAS GIVEN 5 DAYS OF
MEDICAL LEAVE.







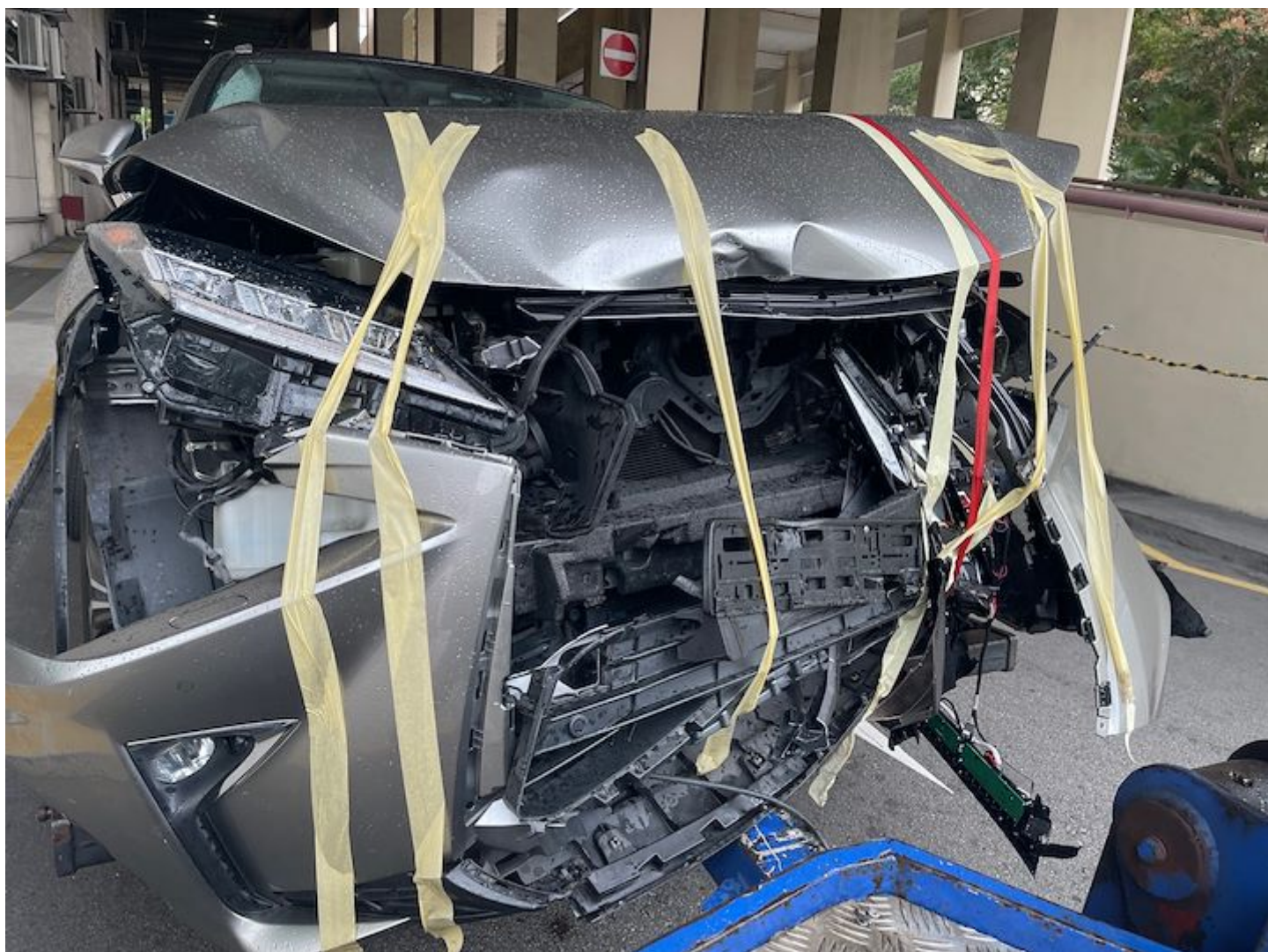


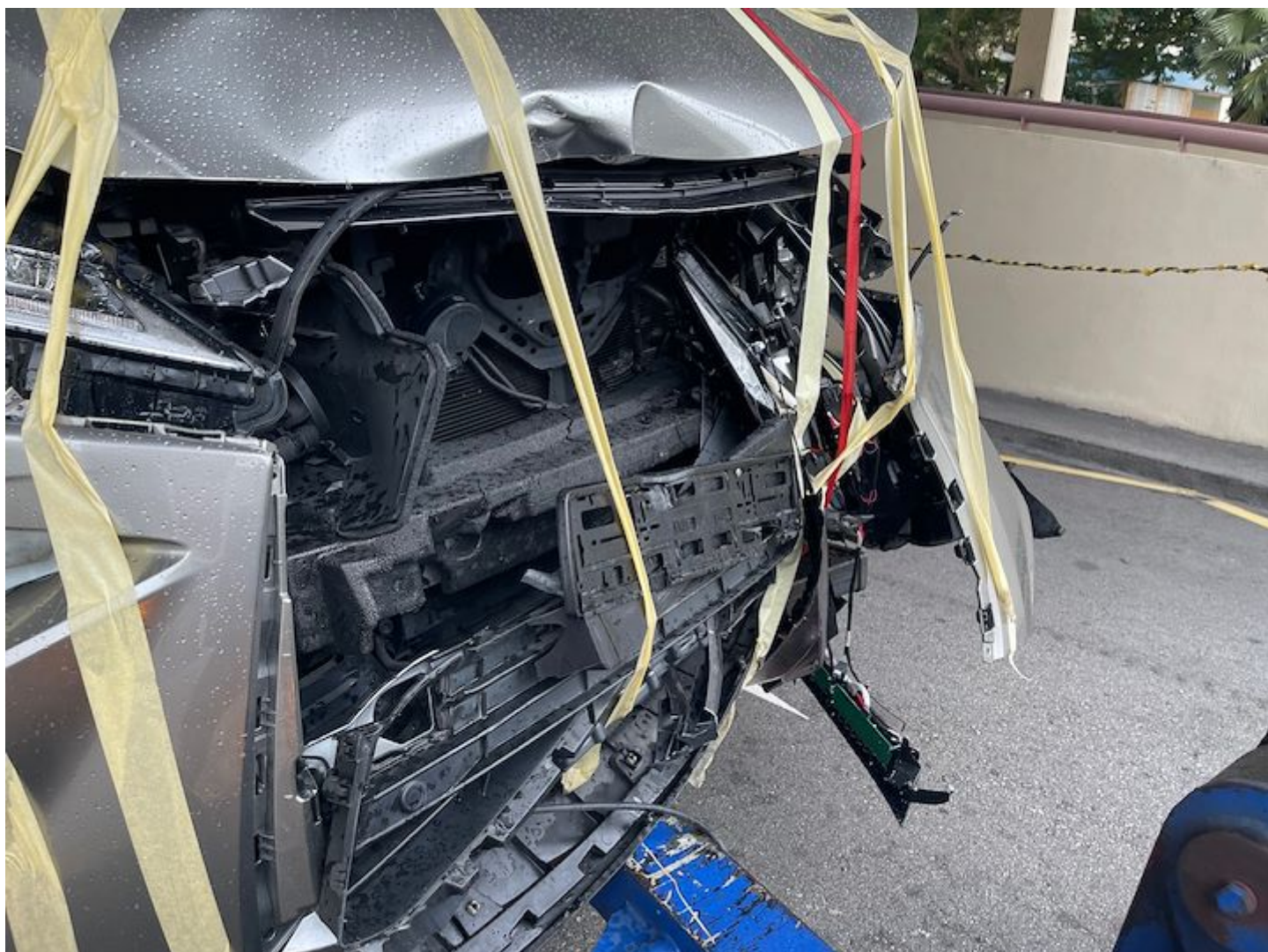


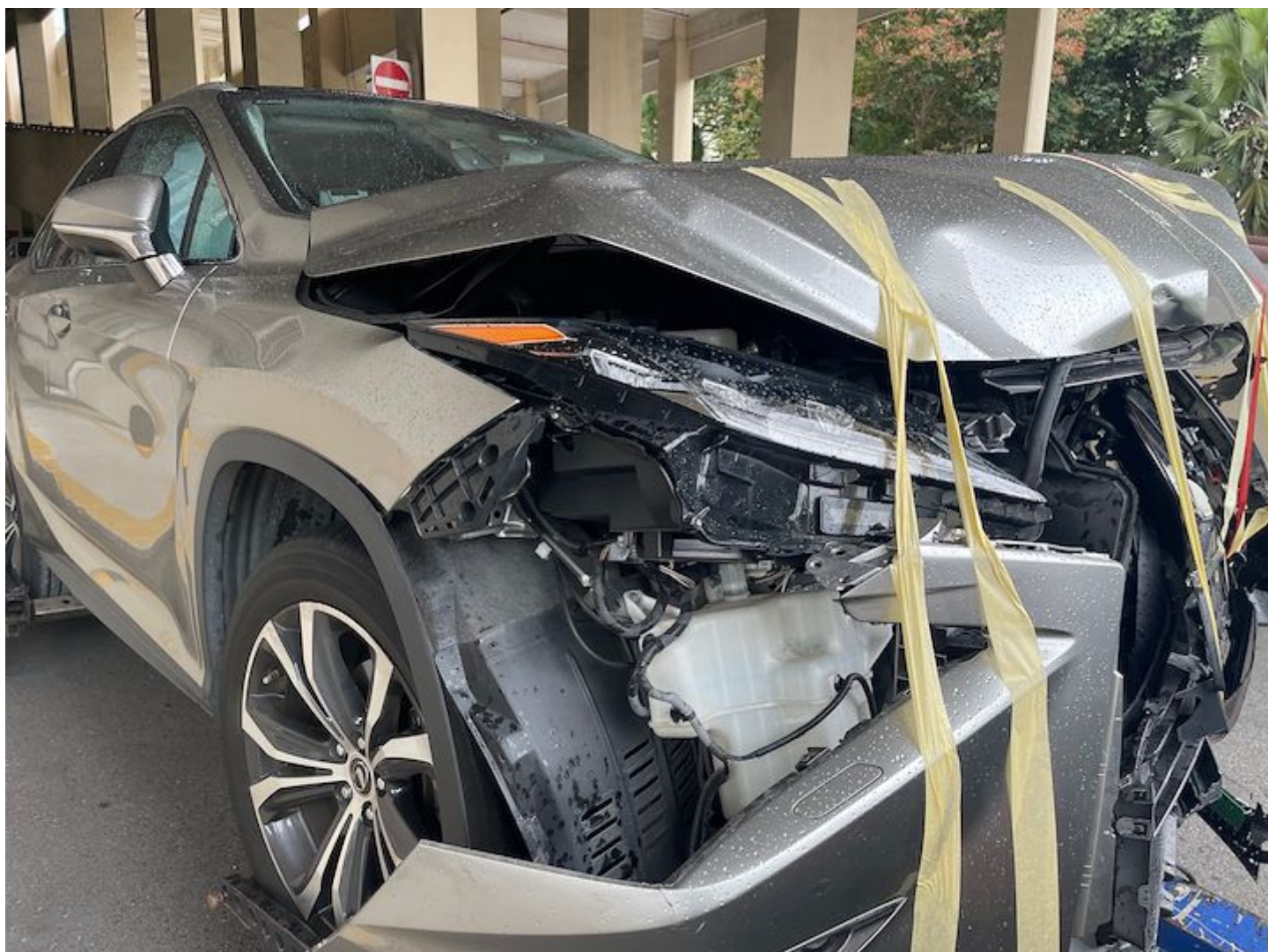














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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220722/7003

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Report No. T/20220722/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2022 06:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KAREN KHOO POH MAN			Address: 63 PASIR RIS GROVE #15-05 SINGAPORE 518216		
ID Type / ID No.: NRIC NO / S9671950G			Contact No.: Home/Office: Mobile: 91687191		
Nationality: SINGAPORE CITIZEN			Email: KHOOKAREN@YAHOO.COM		
Sex: Female	Age: 25	Date of Birth: 14/09/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CABIN CREW			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/07/2022 02:05	Type of Location: X-Junction
Location: TAMPINES ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLQ7227K	Car					0
SMP4642H	Car					0

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



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10 Ubi Avenue 3 SINGAPORE 408865
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T/20220722/7003

2 of 3

Report No. T/20220722/7003

CONTINUATION OF REPORT

Passenger			
Name	NICOLE TAN MEI JUN		ID No. S9638040B
Related Vehicle	SLQ7227K (Car)		Contact No. 96239767
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: ,3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Driver			
Name	KAREN KHOO POH MAN		ID No. S9671950G
Related Vehicle	SLQ7227K (Car)		Contact No. 91687191
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

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T/20220722/7003

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Report No. T/20220722/7003

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 /
VILTON HIA WEE SIANG
Contact No.: 65476232

NP168

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

Date/Time:
22/07/2022 06:11

Classification Of Case: