



# 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 Actual 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              | 07/08/2022 08:36 (SGT)    |
| Reported by                     | Both                      |
| Date of Accident                | 04/08/2022 20:35 (SGT)    |
| Exact Location of Accident      | Singapore                 |
| Additional Location Information | TPE TOWARDS LOYANG AVENUE |
| Country/State of Loss           | Singapore                 |

## DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLK3188Y                  |
| INSURED/POLICYHOLDER        |                           |
| Is company?                 | No                        |
| Name Of Registered Owner    | HO LAI POH                |
| NRIC No                     | S1692695G                 |
| Email Address               | victor_ho@wekaasia.com.sg |
| Mobile Phone No             | (Phone) +65-96650083      |
| Alternative Phone No        | -                         |

## VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | Gla180                    |
| 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   | 1595                      |

## INSURANCE COMPANY

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company         | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | A300251726QMY                        |

## DRIVER

|                |            |
|----------------|------------|
| Name of Driver | HO LAI POH |
| NRIC No        | S1692695G  |
| Date Of Birth  | 10/05/1965 |
| Occupation     | Outdoor    |

|  |                           |
|--|---------------------------|
| Date Of Driving Pass   | 20/02/1992                |
| Driving experience   | 30 YEARS AND 6 MONTHS     |
| Gender   | Male                      |
| Mobile Number  | (Phone) +65-96650083      |
| Alt. Phone Number  | -                         |
| Email Address  | victor_ho@wekaasia.com.sg |
| Address  | 307 TAMPINES STREET 32    |
| Address complement   | #06-102                   |
| Postcode   | -                         |
| 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 - Change/cross lane |
| 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   | FEMALE |
| Gender | Female |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHEMENT

#### 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 | SDG8389S |
| 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                              | HO LAI POH |
| Gender  | Male       |
| Phone No  | -          |
| Address   | -          |
| Address Complement                                  | -          |
| Post Code   | -          |
| Approximate Age Years Old                           | -          |
| Injuries Sustained                                  | -          |
| Injured person in which vehicle?                    | SLK3188Y   |
| Were seat belts worn?                               | Yes        |
| Was this injured conveyed to hospital by ambulance? | No         |

##### INJURED 2

|   |          |
|---|----------|
| Name of injured person                              | TEE LEK  |
| Gender  | Female   |
| Phone No  | -        |
| Address   | -        |
| Address Complement                                  | -        |
| Post Code   | -        |
| Approximate Age Years Old                           | -        |
| Injuries Sustained                                  | -        |
| Injured person in which vehicle?                    | SLK3188Y |
| Were seat belts worn?                               | Yes      |
| Was this injured conveyed to hospital by ambulance? | No       |

#### WITNESS DETAILS

##### WITNESS 1

|       |                      |
|-------|----------------------|
| Name  | BRYAN                |
| Phone | (Phone) +65-81183659 |
| Email | -                    |

## SKETCH PLAN

2

-g) 500 200 20 1 20

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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

Sketch Plan 05/08/2022 @ 1630HRS

REFER TO ANNEX A

## Describe Circumstances of the Accident

|                                      |                      |
|--------------------------------------|----------------------|
| DATE : 4/8/2022                      |                      |
| TIME : 2035 HRS                      |                      |
| LOCATION : TPE TOWARDS LOYANG AVENUE |                      |
| VEHICLES INVOLVED :                  |                      |
| VEHICLE A : SL R3188Y                | VEHICLE B : SDG8389S |
| VEHICLE C :                          | VEHICLE D :          |
| NO. OF PASSENGERS : 1                |                      |
| CIRCUMSTANCES OF ACCIDENT :          |                      |
| REFER TO ANNEX B                     |                      |

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time :

Date &amp; Time :

05/08/2022 @ 1630HRS

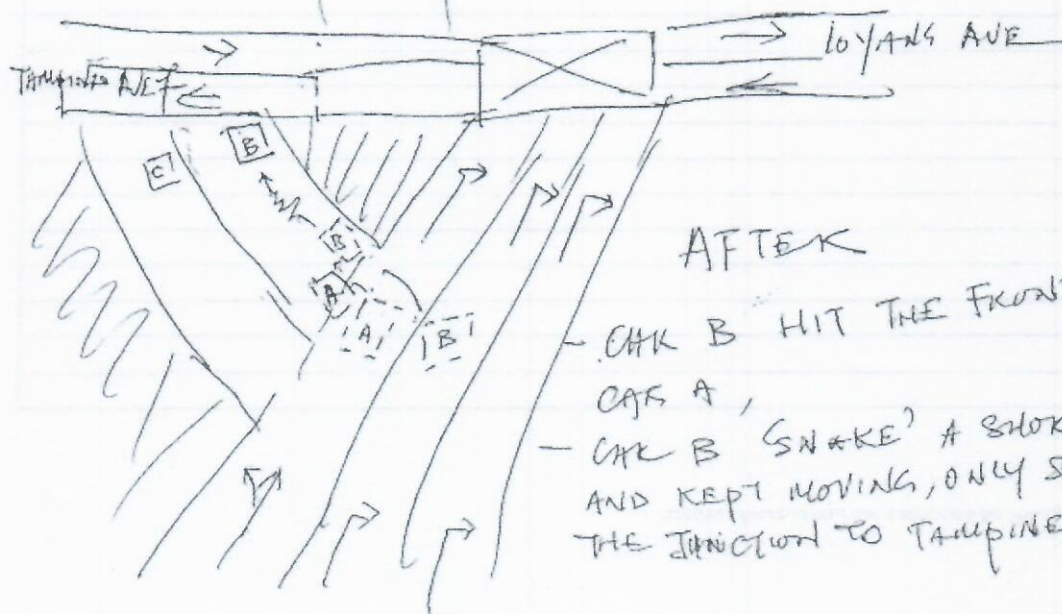
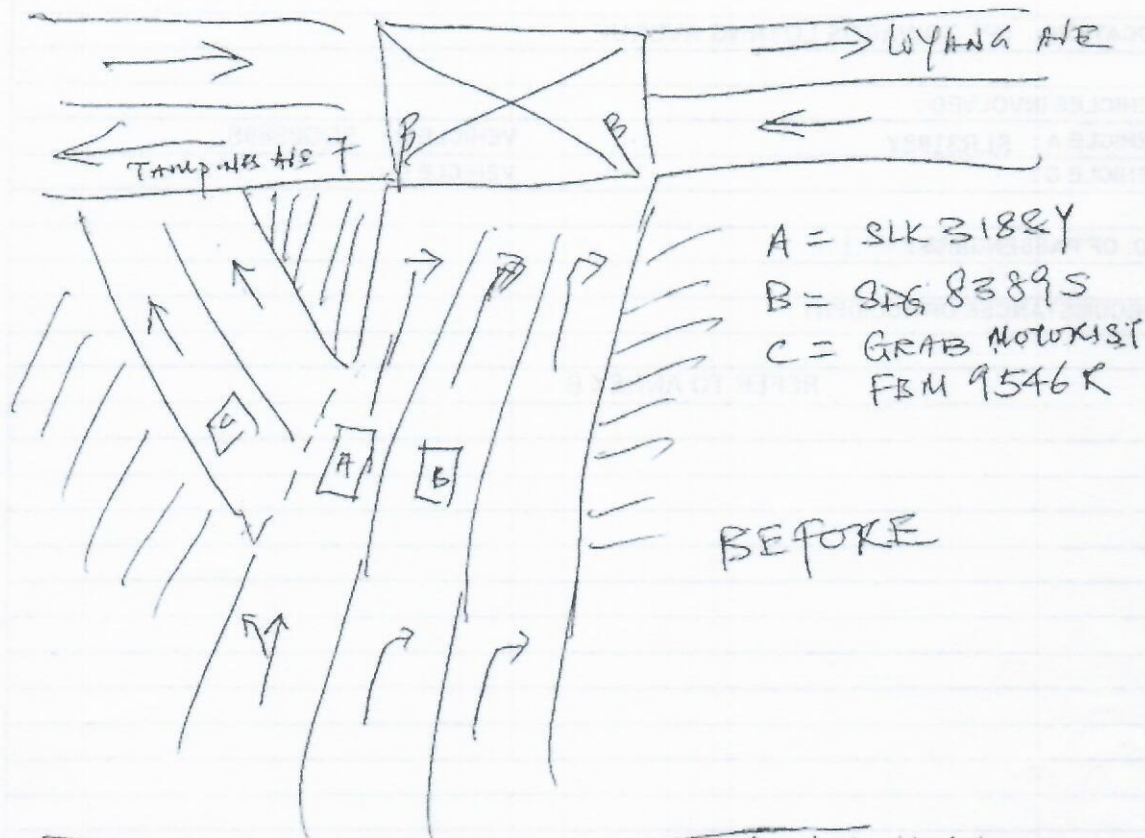
Driver's Signature (If driver is not the policyholder)  
Date & Time :

Date &amp; Time :

Witnessed by Reporting Centre  
Personnel

ANNEX A

On 04/08/2022 At about 8:30pm



VICOR H6  
816926956

## ANNEX B (PAGE 1)

A = SLK 3188Y (MY CAR)  
 B = SDG 8389S  
 C = GRAB MOTORIST FBW 9546R

ON 04 AUG 2022 AT ABOUT 8:30 PM, I WAS DRIVING TOWARDS LOYANG AVE <sup>(AFTER EXITING PIE)</sup> AT SPEED 50 KM/H PREPARING TO STOP AS THERE IS A TRAFFIC LIGHT AHEAD AT THE JUNCTION.

OUT OF SUDDEN, CAR B (ON THE RIGHT OF MY CAR) ON SECOND LANE, MADE A DRASTIC TURN (TO FLICK OUT) TOWARDS TAMPINES AVE 7, AND HIT THE FRONT OF MY CAR.

CAR B 'SWAKE' A SHORT DISTANCE INTO THE FILER TOWARDS TAMPINES AVE 7, AND KEPT MOVING FORWARD, DESPITE MY HORNING. I SAW MOTOR C POINTED AT CAR B (SEE PHOTO). CAR B THEN STOPPED, WITH ME CHASING BEHIND. THE DRIVER i.e PEARL HE

OF CAR B THEN MOVED OUT OF HER CAR, AND SAID SHE DID NOT KNOW WHAT HAPPENED. THE GRAB DRIVER THEN TOLD HER THAT SHE HAS HIT MY CAR, AND SUPPOSED TO STOP. THE GRAB DRIVER THEN WALKED TOWARDS ME, AND OFFERED TO BE MY WITNESS. HE GAVE ME HIS CONTACT NUMBER AND ALSO ALLOWED ME TO TAKE A PHOTO OF HIS BIKE.

AFTER EXCHANGING OUR PARTICULARS, WE MOVED ON. LATER IN THE NIGHT, AT 22:41 PM, THE LADY DRIVER OF CAR B CALLED ME AND SAID SORRY. SHE THEN HANDED HER PHONE TO HER FATHER TO TALK. HER FATHER APOLOGISED TO ME AND SAID HIS DAUGHTER WAS WRONG AFTER THE CAR RECORDED VIDEO CLIP. HE SUGGESTED TO PRIVATE SETTLEMENT BY REPAIRING MY CAR, INSTEAD OF INSURANCE CLAIM, AND EXPLAINED HIS-DAUGHTER JUST GOT HER LICENCE A YEAR. SHE WAS RUNNING ERRAND FOR HER MOTHER, AND PICKING UP THING FROM TAMPINES MALL.

VICTIM HO  
 816926956

## ANNEX B (PAGE 2)

HE ARRANGED TO WAKE UP ON 05/08/2022  
 AT 2PM AT AUTOBAY @ KAKI BUTAT #01-112.  
 THE PRIVATE SETTLEMENT DID NOT WORK OUT  
 AS HE WAS NOT WILLING TO PAY THE REQUIRED  
 GST FOR SIMPLE REPAIR.  
 THUS, THE REPORT WAS MADE AT 4.30PM ON  
 05/08/2022.

CAR A  $\Rightarrow$  HP 96650083 (VICOR) WITH A PASSENGER  
 CAR B  $\Rightarrow$  HP 98169823 (PEARL) 96717217  
 MOTOR C  $\Rightarrow$  HP 81183659 (BRYAN) (CHECK FATHER)

IN ADDITION TO THE PHOTO SUBMITTED.

ALSO, THOSE SCREENSHOTS FROM PHONE //

I WILL TRY TO RETRIEVE MY CAR'S VIDEO  
 AS I'VE NEVER TOUCH IT BEFORE SINCE  
 I BOUGHT THE CAR. WILL GO TO C&C //

VICOR HO  
 816926956