# **©** SINGAPORE ACCIDENT STATEMENT

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- Information provided must be as duffid and accurate as possible. Any which mistepresentation of withouting of material tacts may allow insurance companies to repeated policy liability.
   The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
   Any false reporting may be referred to the Police for investigation.
   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	22/10/2022 12:26 (SGT)
Reported by	Driver
Date of Accident	21/10/2022 19:20 (SGT)
Exact Location of Accident	Near 587 Ang Mo Kio Ave 3, Singapore 56058
Additional Location Information	ALONG ANG MO KIO AVE 3
Country/State of Loss	Singapore

Exact Location of Accident	Near 587 Ang Mo Kio Ave 3, Singapore 560587
Additional Location Information Country/State of Loss	ALONG ANG MO KIO AVE 3 Singapore
Country State of Loss	Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SLJ2484D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOON KONG HUAT
NRIC No Email Address	
Mobile Phone No	
Alternative Phone No	
VEHICLE PARTICULARS	
Manufacturer	Volkswagen
Model	Golf
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 CC	Auto 1400
	1400
INSURANCE COMPANY	
Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	-
	Parten laure de M. Belle e dater de Kolegoria, elegado de Aleria (b. Jeria de Cologo Japan). El adeixo de Arbeita (b
DRIVER	
Name of Driver	SOON MENG CHOON
NRIC No	
Date Of Birth	
Occupation	Indoor

Date Of Driving Pass Driving experience	08/01/2007
Gender	15 YEARS AND 9 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone)
Email Address	
Address	
Address complement	
Postcode	
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	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet
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	en de la companya de La companya de la co
Translator's phone number	
Translator's email	
Original language used in the statement	n de la companya de La companya de la co
PASSENGER 1	
Name	COLLEAGUE
Gender	Female
	Tomalo
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Vehicle Registration Number	SKP9893R
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 Actual Driver.
- Information provided must be as <u>irrelate and accurate as possible</u>. 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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 (all insurers) 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.

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Policyholder's Signature / Date & Time

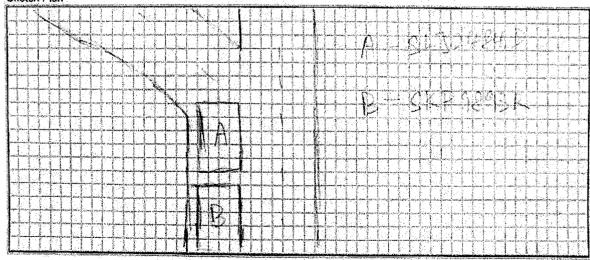
Oriver's Signature (4 driver is not the policyholder) / Date

MOHAMED RAZALI BIN HASSAN

4.

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

Sketch Plan

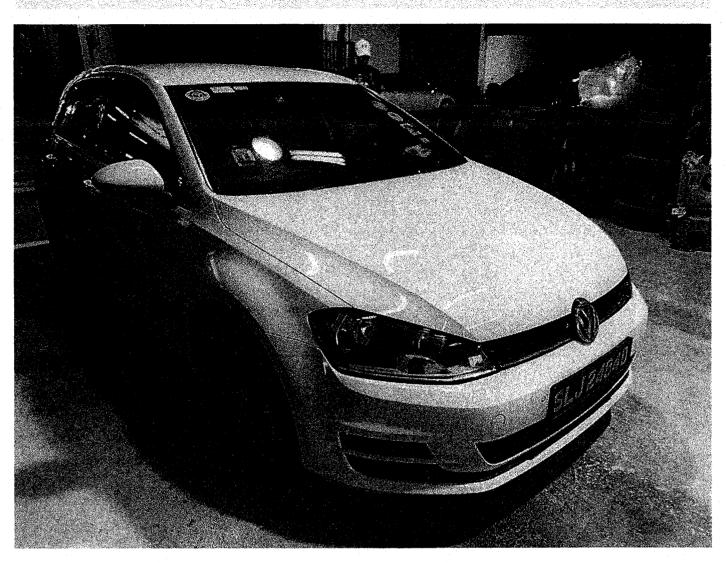


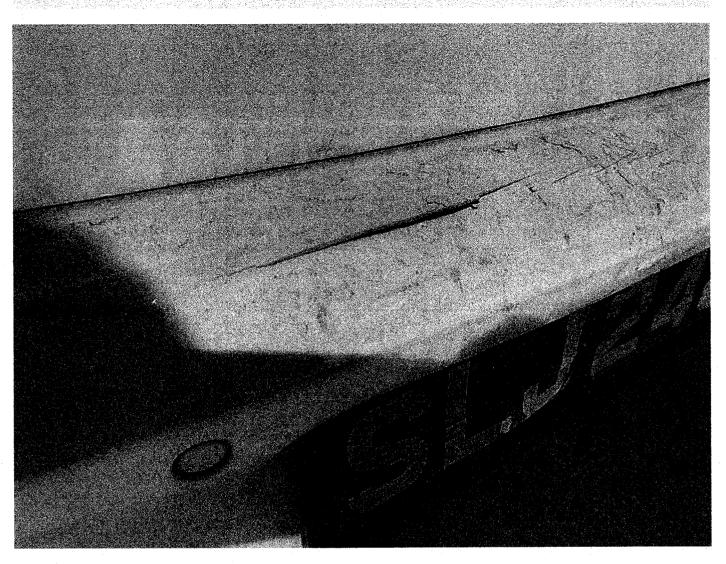
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Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 Report No. T/20221022/2004

REPORT O	F A TRAFFIC	ACCIDENT	The second secon	
Date/Time Report Made: 22/10/2022 00:41		lade:	Vide Report No.:	Station Diary No.: 11
Informa	nt's Particu	ilars		
Name of	Informant:		Address	
ID Type NRIC NO	/ ID No.:		Contact No.: Home/Office:	Mobile:
National SINGAP	ty: ORE CITIZ	EN	Email:	Application and the state of th
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver	Name and the state of the state
Race: Chinese			Language: English	Institution / School Name:
Occupat	ion: JPI OYFD		Driving Licence Information:	Date of Expiry

General Infon	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Orive: No	Date/Time of Accident: 21/10/2022 19:20	Type of Location: Bend
Location:		And the second s		
ANG MO KIC	AVENUE 3			
Wealher:		Road Surface:	W + 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collis	ilon:	apacicidad in Basacoment. Il 16th media del consecuence con consecuence del compression del consecuence del co		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKP9893R	Car		and the state of t		Slightly Damaged	0
SLJ2484D	Car			Description of the Control of the Co	Slightly	1
					Damaged	

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





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

Report No. T/20221022/2004

# CONTINUATION OF REPORT

Driver				
Name	PANG CHIA HENG		ID No.	NL
Related Vehicle	SKP9893R (Car)		Contact	No. 94509873
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	Date of Expiry: NIL &
Date Treatment	NIL	Date Disci	with the particular than the second	
No, of Days gran	ted Medical Leave NIL	Degree of		IIL .
Driver				
Name	SOON MENG CHOON		ID No.	
Related Vehicle	SLJ2484D (Car)	- The state of the	Contact	No.
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence Expiry D	Date of Expiry: NIL &
Date Treatment	21/10/2022	Date Disc	Progression the second	1/10/2022
No. of Days gran	ted Medical Leave 05	Degree of	Injury S	Slight

# Brief Details.

1920hrs I was at the filter lane along Ang Mo Kio ave 3. While waiting to join the main road, a car, SKP9893R, hit my car on the rear twice. The driver apologised and gave me his details. He admitted to hitting the rear of my car as he was using phone and did not know I have not move off yet. I have a video recording of the incident from my in-car camera. I went to KTPH and received 5 days MC due to back pain. My passenger also went to KTPH and also received 5 days MC due to back pain. My car was damaged at the rear bumper.