

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	05/12/2022 12:29 (SGT)
Reported by	Both
Date of Accident	03/12/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS PIE (GEYLANG)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4276T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN WULONG
NRIC No	S2656555C
Email Address	YONGHENG@LIVE.COM.SG
Mobile Phone No	(Phone) +65-92382625
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	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 300295555 QMY

DRIVER

Name of Driver	CHEN WULONG
NRIC No	S2656555C
Date Of Birth	03/02/1964
Occupation	Outdoor

Date Of Driving Pass	09/11/2001
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92382625
Alt. Phone Number	-
Email Address	YONGHENG@LIVE.COM.SG
Address	250 TAMPINES STREET 21 #07-530 S520250
Address complement	-
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 - 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)	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	YAN QIU YING
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

SEE ATTACHED REPORT AND 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	SLP6824Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FRANKIE LEE KIN WAH
Contact Number	(Phone) +65-91513140
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	CHEN WULONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

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

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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.

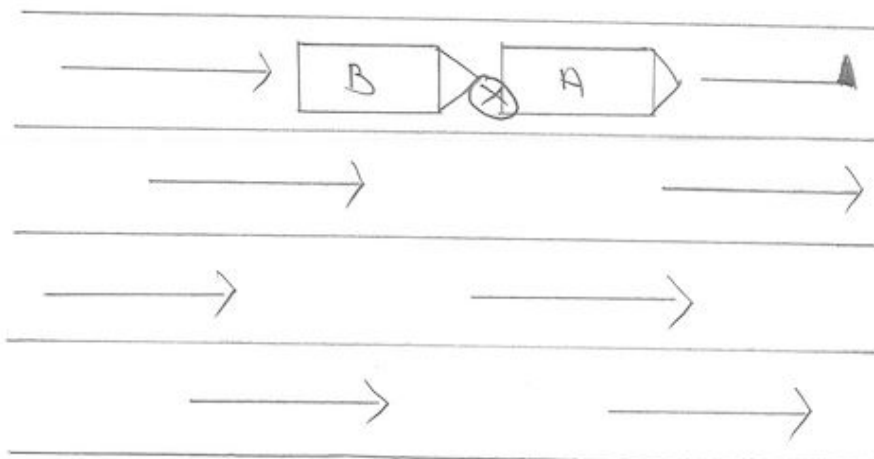
(collectively the "Purposes")

(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.

CHEN WU LONG CHEN WU LONG
 Policyholder's Signature / Date & Time 05/12/22 10.40 Driver's Signature (if driver is not the policyholder) / Date & Time 05/12/22 10.40
 Sketch Plan


 Witnessed by Reporting Centre
 Personnel



veh A
SKW 4276T
veh B
SLP 6824Z

Describe Circumstances of the Accident

On 03/12/2022 at about 1400hrs, I was travelling along CTE towards PIE (SEYLANG).

Out of the sudden, there was an impact from behind. Vehicle B had bumped onto me.

Both of us alighted and exchanged particulars and left the scene.

My wife and I felt unwell. Hence, we went to consult doctor.

Declaration

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

CHEN WU LONG CHEN WU LONG
 Policyholder's Signature / Date & Time 05/12/22 10.40
 Driver's Signature (if driver is not the policyholder) / Date & Time 05/12/22 10.40



Witnessed by Reporting Centre Personnel







































**SINGAPORE
POLICE FORCE**



T/20221205/7010

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

1 of 4
Report No. T/20221205/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2022 10:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN WULONG			Address: 250 TAMPINES STREET 21 #07-530 SINGAPORE 520250		
ID Type / ID No.: NRIC NO / S2656555C			Contact No.: Home/Office: Mobile: 92382625		
Nationality: SINGAPORE CITIZEN			Email: claims@focusauto.com.sg		
Sex: Male	Age: 58	Date of Birth: 03/02/1964	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 Others	Drink Drive: No	Date/Time of Accident: 03/12/2022 14:00	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKW4276T	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	Grey		0
SLP6824Z	Car					0



**SINGAPORE
POLICE FORCE**



T/20221205/7010

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

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Report No, T/20221205/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW4276T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300295555	18/04/2022	17/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEN WULONG		ID No.	S2656555C
Related Vehicle	SKW4276T (Car)		Contact No.	92382625
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/12/2022		Date	03/12/2022
No. of Days granted Medical Leave		05	Degree of	Slight
Passenger				
Name	YAN QIU YING		ID No.	S2665879I
Related Vehicle	SKW4276T (Car)		Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/12/2022		Date	03/12/2022
No. of Days granted Medical Leave		05	Degree of	Slight
Driver				
Name	FRANKIE LEE KIN WAH		ID No.	S7439689E
Related Vehicle	SLP6824Z (Car)		Contact No.	91513140
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**

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



T/20221205/7010

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Report No, T/20221205/7010

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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
05/12/2022 10:27

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20221205/7010

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

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Report No. T/20221205/7010

CONTINUATION OF REPORT

Brief Details.

ON 03/12/2022 AT ABOUT 1400HRS, I WAS TRAVELLING ALONG CTE TOWARDS PIE (GEYLANG).

OUT OF THE SUDDEN, THERE WAS AN IMPACT FROM BEHIND. VEHICLE B HAD BANGED ONTO ME.

BOTH OF US ALIGHTED AND EXCHANGED PARTICULARS AND LEFT THE SCENE.

MY WIFE AND I FELT UNWELL. HENCE, WE WENT TO CONSULT DOCTOR.