

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 30/08/2022 15:07 (SGT)
Reported by Driver
Date of Accident 27/08/2022 01:50 (SGT)
Exact Location of Accident Yishun Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE1395T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SG SAGAWA AMERIOD PTE. LTD.
Company Reg No 199100423D
Email Address SGSA-claim@sgh-global.com
Mobile Phone No (Phone) +65-66029932
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fp51jdr4rdea
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 11967

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number J400001447MKF

DRIVER

Name of Driver OH POH HIN
NRIC No S0172314F
Date Of Birth 14/06/1954
Occupation Outdoor

Date Of Driving Pass	09/04/1984
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83323559
Alt. Phone Number	-
Email Address	SGSA-claim@sgh-global.com
Address	BLK 134 YISHUN ST 11 #05-171
Address complement	-
Postcode	760134
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	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

REFER TO POLICE REPORT T/20220828/7000

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	SHC2542D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM SU TONG
NRIC No	S2184165Z
Contact Number	(Phone) +65-97524155
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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7. By the lodging 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.

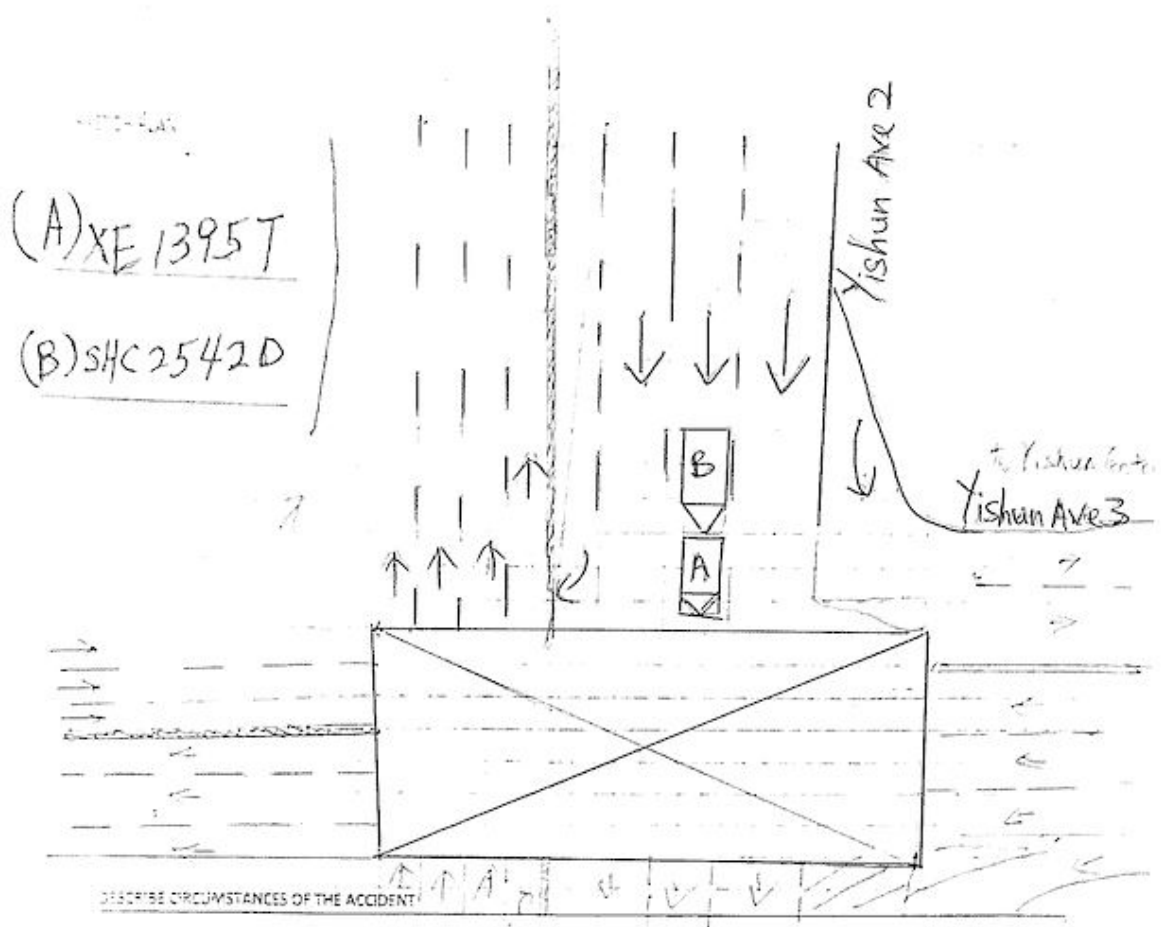
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police statement

DECLARATION

I hereby declare that the information provided is true and correct.



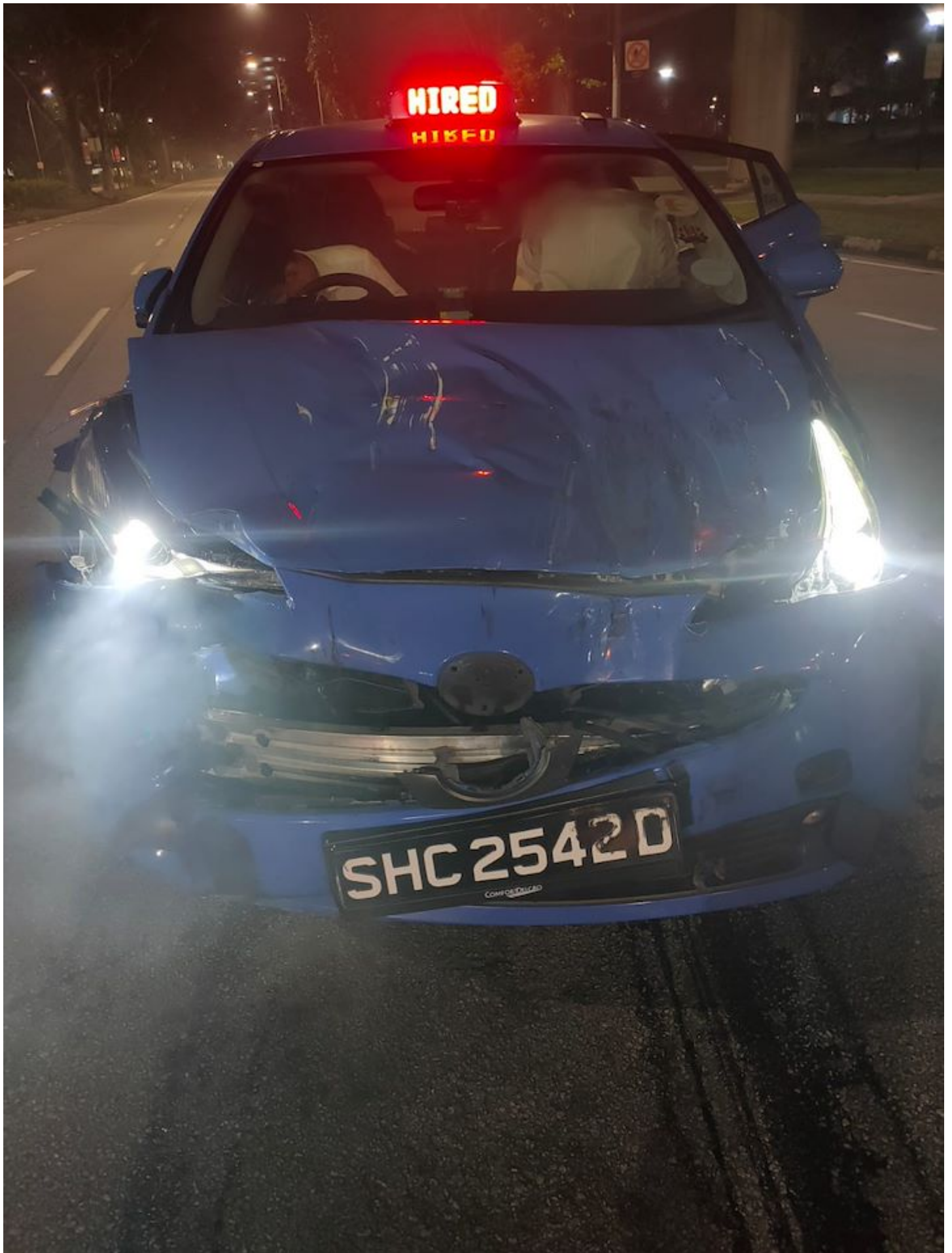
Driver's signature
(If driver is not the policyholder)

Date & Time

29/8/2022
1305

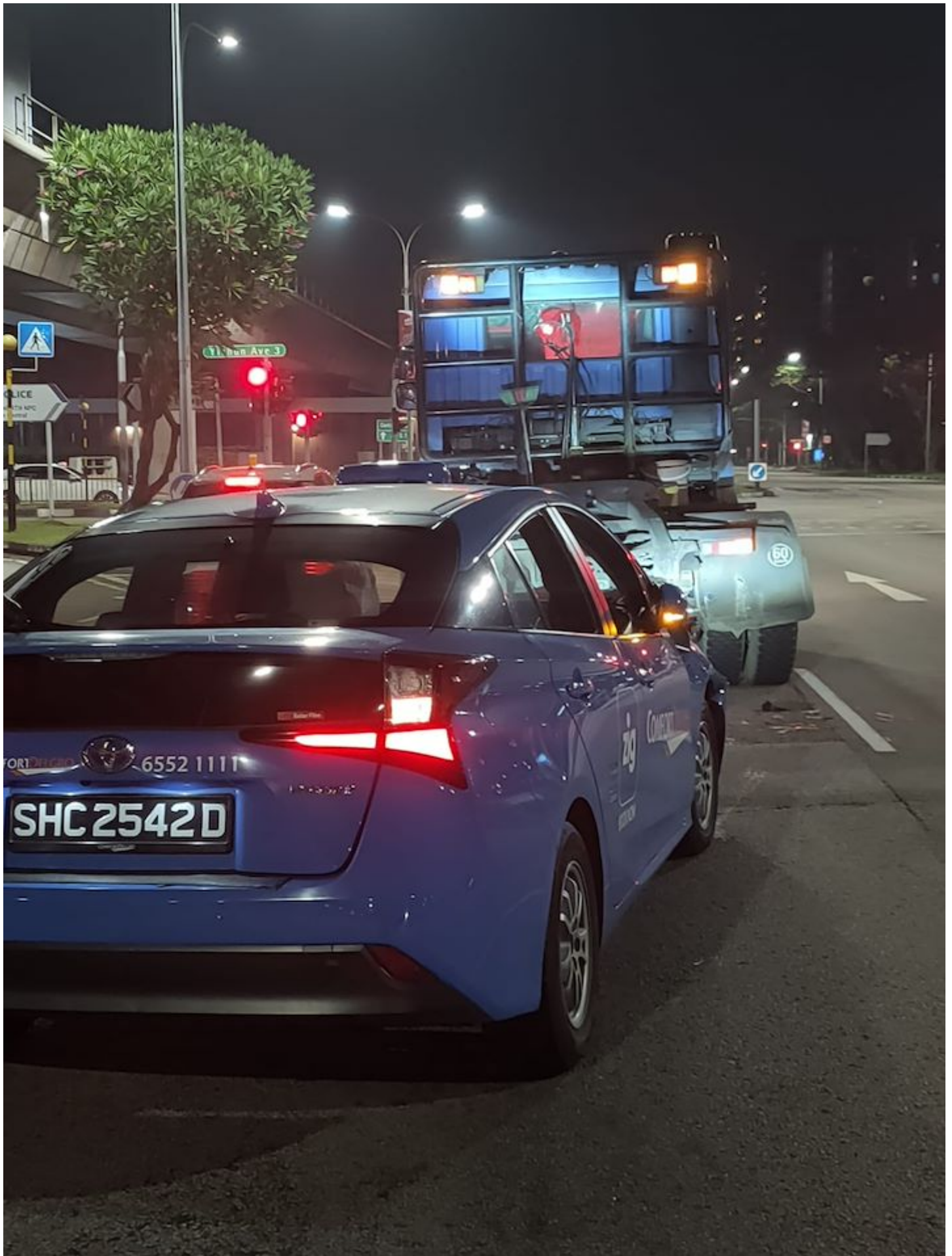
☐ Claim own policy
☒ Claim third party
☐ For record purposes
Policy No. 3400001447 MKF
Insurer MSIG Ref No. XE1395T

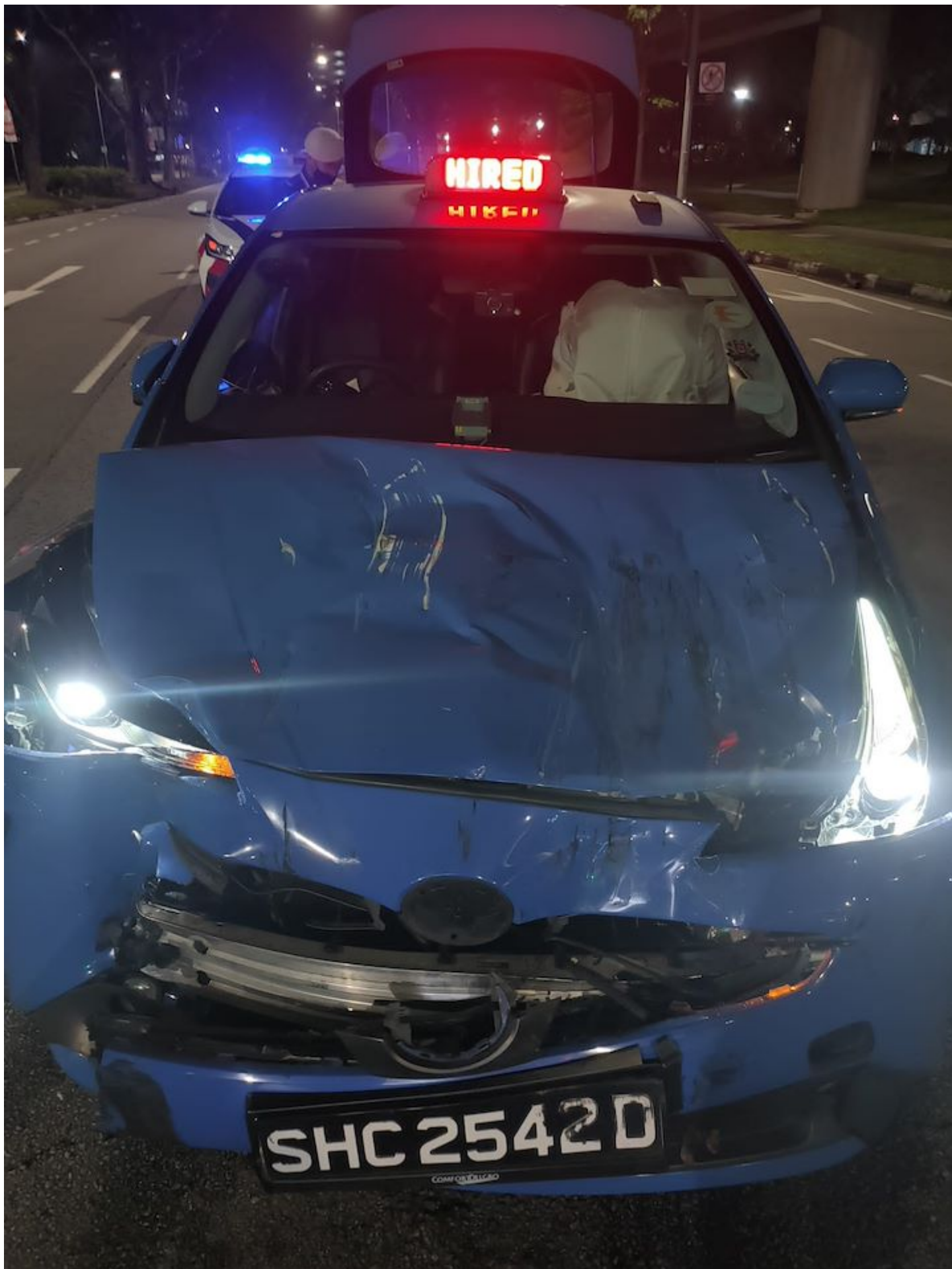
Reporting Centre Personnel's Signature
Name
NAIC/PIA No.























**SINGAPORE
POLICE FORCE**



T/20220828/7000

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

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Report No. T/20220828/7000

CONTINUATION OF REPORT

We then went to the road side ,at that moment a police vehicle who was also travelling on the same road saw us and came to ask us what happen. They then took our particular but they did not gave us any case card.

The taxi driver then informed that he might be sleepy .Both myself and the taxi driver agree to settle through insurance.


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



T/20220828/7000

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Report No. T/20220828/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2022 00:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: OH POH HIN			Address: 134 YISHUN STREET 11 #05-171 SINGAPORE 760134		
ID Type / ID No.: NRIC NO / S0172314F			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		Mobile: 82275929
Sex: Male Age: 68 Date of Birth: 14/06/1954			Email: pohhin1954@gmail.com		
Race: Chinese			Type of Informant: Driver		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2022 01:50	Type of Location: cross junction
Location: yishun ave 2 > yishun ave 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHC2542D	Car	TOYOTA	PIRUS	Blue	Seriously Damaged	1
XE1395T	Lorry	MITSUBISHI	Hero 5	Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**

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



T/20220828/7000

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Report No. T/20220828/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHC2542D (Car)	Contact No.	NIL
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
Driver			
Name	OH POH HIN	ID No.	S0172314F
Related Vehicle	XE1395T (Lorry)	Contact No.	82275929
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM SU TONG	ID No.	S2184165Z
Related Vehicle	NIL	Contact No.	97524655
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

Brief Details.

On 27/08/2022 at around 0150hrs, i was travelling on my lorry bearing plate number XE1395T. As i approach the cross junction between yishun ave 2 and yishun ave 3. While i was stationary waiting for the traffic light, a taxi bearing Plate number SHC2542D hit onto my rear. Initially i only hear a lot bang at my rear, i then went down to see. The taxi driver did not sustain any injury but i am unsure if there is any injury for the passenger in his car. The taxi sustain a serious damage in his front and my lorry also sustain serious damage at the rear.

**SINGAPORE
POLICE FORCE**

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



T/20220828/7000

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Report No. T/20220828/7000

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 / TP1B /
VILTON HIA WEE SIANG
Contact No.: 65476232

This report is lodged at Yishun North NPC Kiosk 1
NP168

Signature Of Informant:

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

Date/Time:
28/08/2022 00:38

Classification Of Case: