

# 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 .....	30/01/2023 18:20 (SGT)
Reported by .....	Both
Date of Accident .....	28/01/2023 18:25 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	TOWARDS SLE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLD5353K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TUNG YEW MENG
NRIC No .....	SXXXX724I
Email Address .....	alex.seamonsta@gmail.com
Mobile Phone No .....	(Phone) +65-96790976
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Subaru
Model .....	Outback
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 .....	2498

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	A 300597340 QMY

### DRIVER

Name of Driver .....	TUNG YEW MENG
NRIC No .....	SXXXX724I
Date Of Birth .....	21/12/1964
Occupation .....	Outdoor

Date Of Driving Pass .....	01/10/1986
Driving experience .....	36 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96790976
Alt. Phone Number .....	-
Email Address .....	alex.seamonsta@gmail.com
Address .....	37 PUNGGOL FIELD #08-30
Address complement .....	-
Postcode .....	828809
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 .....	AFTER RAIN
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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) .....	4
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JTU2965
Vehicle Category .....	Motorcycle

#### PASSENGER 1

Name .....	JUNE
Gender .....	Female

#### PASSENGER 2

Name .....	DARRYL
Gender .....	Male

#### PASSENGER 3

Name .....	SAMUEL
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20230128/7065

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... JTU2965  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
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**

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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.**
6. 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.
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

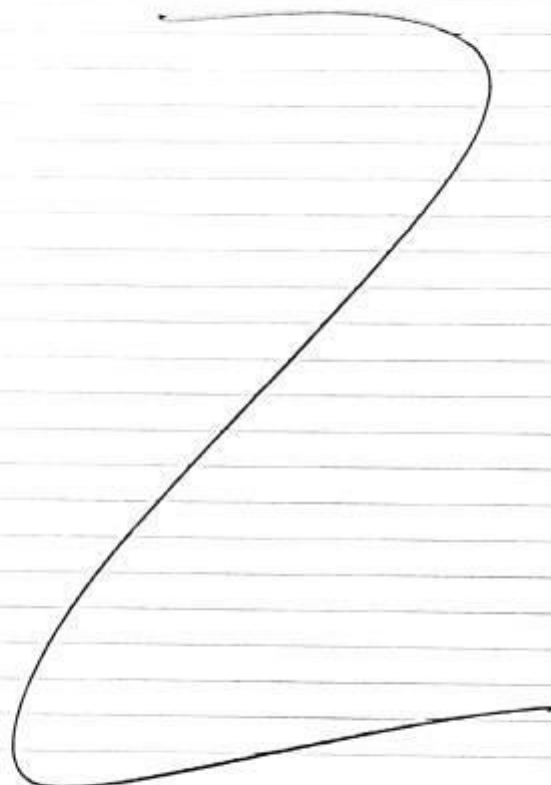
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

Draw the Circumstances of the Accident

Refer to police report no. F/20230128/7065



Declaration

(We declare the foregoing particulars are true in every respect.)

  
Principal's Signature / Date & Time

  
Driver's Signature (if driver is not the principal) / Date & Time

 30/01/2023  
Witnessed by Reporting Police Personnel  
(Name as in NRIC card)





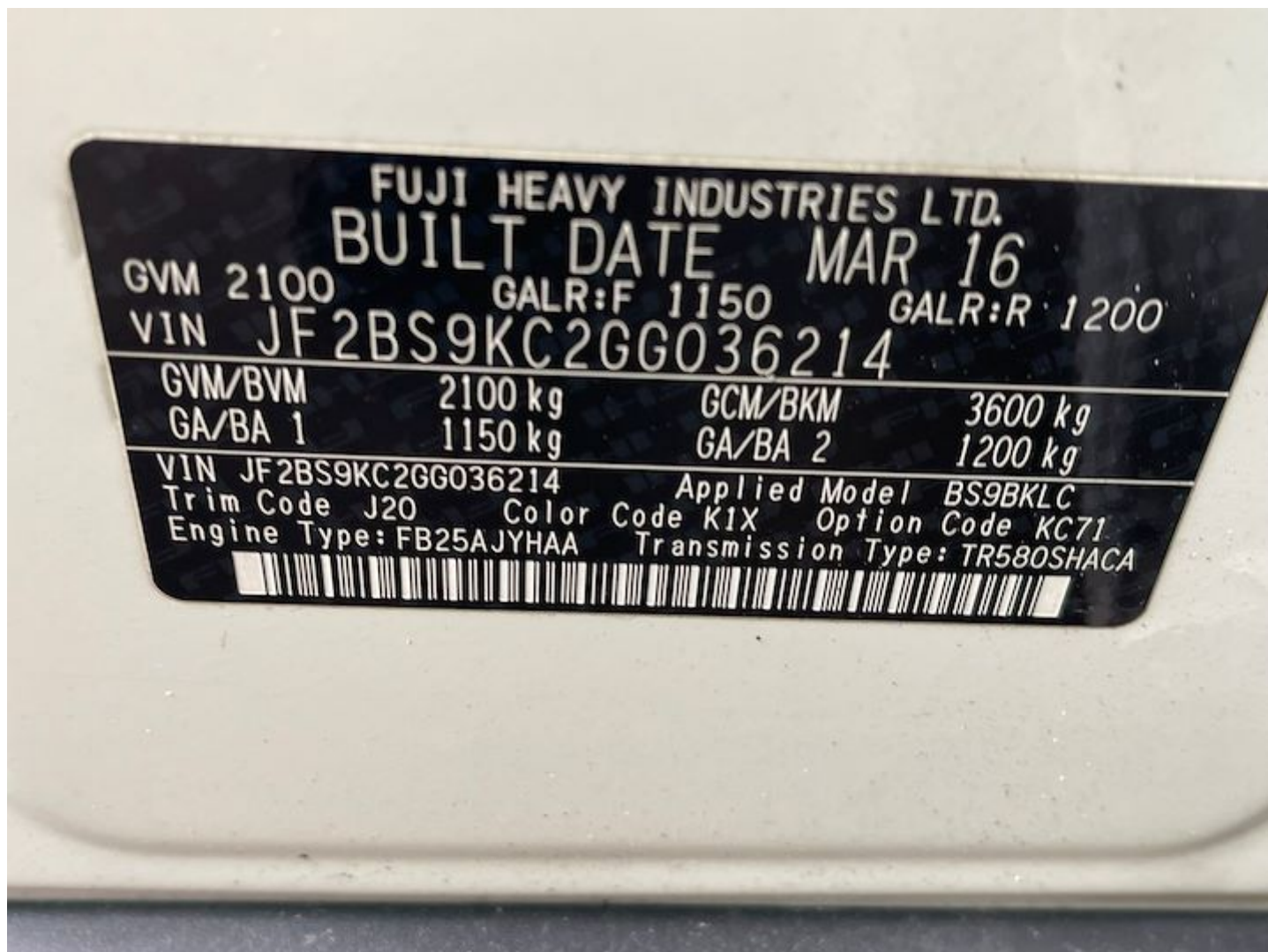


















**SINGAPORE  
POLICE FORCE**



F/20230128/7065

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**POLICE REPORT (NP299)**

Report No. F/20230128/7065

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 28/01/2023 23:23	Vide Report No.	Station Diary No.
Name Of Informant TUNG YEW MENG	Address 37 PUNGGOL FIELD #08-30 SINGAPORE 828809	
ID Type / ID No. NRIC NO / S1647724I	Contact No. Home/Office:	Mobile: 96790976
Nationality SINGAPORE CITIZEN	Email Address ALEX.SEAMONSTA@GMAIL.COM	
Occupation Sports coach	Sex Male	Age 58
Institution/School Name	Date of Birth 21/12/1964	Race Chinese
Date/Time Of Incident 28/01/2023 18:25 - 28/01/2023 18:30	Location Of Incident TPE 10KM	

**Brief details.**

Along TPE towards the direction of SLE after the Sengkang East Road exit. A Malaysian motorist riding a Malaysian plate motorcycle JTU2965 skidded, its pillion rider knocked into the rear of my car which caused some damages to my car rear (SLD5353K). A traffic police report have been lodged with case number F/20230128/0175.

<b>Subjects Involved</b>	
<b>Suspect</b>	
Person Name	Taufiq Bin Mohamad Noh

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2023 23:23
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20230128/7065

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230128/7065

ID Type	FIN NO	ID No	G3878721M
Gender	Male	Age	28-29
Race	Malay	Language	Malay
Mobile No	98641438		
<b>Victim</b>			
Person Name	TUNG YEW MENG		
ID Type	NRIC NO	ID No	S1647724I
Gender	Male	Age	58
Race	Chinese	Language	English
Occupation	Sports coach	Address	37 PUNGGOL FIELD #08-30 SINGAPORE 828809
Mobile No	96790976	Is Informant A	Yes
		Victim?	
Person Name	TUNG YEW MENG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2023 23:23
Officer In-Charge Of Case:	Classification Of Case: