

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	22/02/2023 16:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/02/2023 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS (KJE) TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8935G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHD SAZALI BIN TARSIM
NRIC No	SXXXX313A
Email Address	anjang5756@gmail.com
Mobile Phone No	(Phone) +65-93894787
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300625417 QMX

DRIVER

Name of Driver	MOHD SAZALI BIN TARSIM
NRIC No	SXXXX313A
Date Of Birth	13/08/1957
Occupation	Outdoor

Date Of Driving Pass	05/09/1997
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93894787
Alt. Phone Number	-
Email Address	anjang5756@gmail.com
Address	APT BLK 624B WOODLANDS DRIVE 52
Address complement	# 11-25
Postcode	732624
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	3
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JVJ1999
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230221/2110

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	JVJ1999
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN KOK WAI
Contact Number	(Phone) +65-88969957
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB8105B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KALAI RAJ RASANDRAN
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	MOHD SAZALI BIN TARSIM
Gender	Male
Phone No	(Phone) +65-93894787
Address	APT BLK 624B WOODLANDS DRIVE 52
Address Complement	# 11-25
Post Code	732624
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SLE8935G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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


A	KJE (BRE) towards woodlands	A = SLB 89356
B		B = JVI 1999
C		C = SLB 8105B


Describe Circumstances of the Accident

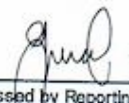
Please refer the police report = T/20230221/2110.

Declaration

We declare the foregoing particulars are true in every respect.

 11/20
22/2/23
Policyholder's Signature / Date & Time

 11/20
22/2/23
Driver's Signature (If driver is not the policyholder) / Date & Time

 22/2/23
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230221/2110

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20230221/2110

CONTINUATION OF REPORT

Brief Details.

On 21/02/2023 at about 1830hrs, I was driving my personal car (SLE8935G) on the first lane along KJE(BKE) towards woodlands entering a slip road. The traffic was slow moving and heavily congested. I came to a complete stop when out of the sudden I felt a hard impact from the rear of my vehicle. I alight from my vehicle and saw it was a chain accident. Behind my vehicle was a Malaysian car (JVJ1999) followed by the last Singapore car (SLB8105B). I check with all the driver and the last driver told me that he could not stop in time and collided onto the Malaysian car causing it to hit onto the rear of my vehicle.

No one was injured during the accident. All 3 driver agree to settle it with respective vehicle insurance company. I have in-car camera install on my vehicle.
My vehicle damages as follow; rear vehicle dented.

















SINGAPORE POLICE FORCE



T/20230221/2110

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Report No. T/20230221/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2023 20:54		Vide Report No.:		Station Diary No.: 67	
Informant's Particulars					
Name of Informant: MOHD SAZALI BIN TARSIM			Address: APT BLK 624B WOODLANDS DRIVE 52 #11-25 SINGAPORE 732624		
ID Type / ID No.: NRIC NO / S1243313A			Contact No.: Home/Office: Mobile: 93894787		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 13/08/1957	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: PUB STAFF			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 21/02/2023 18:30	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JVJ1999	Car				Slightly Damaged	0
SLB8105B	Car				Slightly Damaged	0
SLE8935G	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	0



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POLICE FORCE**



T/20230221/2110

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Tel No: 1800-363 9999

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Report No. T/20230221/2110

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE8935G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300625417	04/08/2022	03/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	CHAN KOK WAI	ID No.	791129086081	
Related Vehicle	JVJ1999 (Car)	Contact No.	88969957	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	KALAI RAJ RASANDRAN	ID No.	S8387423B	
Related Vehicle	SLB8105B (Car)	Contact No.	98754479	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	MOHD SAZALI BIN TARSIM	ID No.	S1243313A	
Related Vehicle	SLE8935G (Car)	Contact No.	93894787	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	



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4 of 4

Report No. T/20230221/2110

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

L /

SGT 1 MUHAMMAD SHARIN BIN
ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/02/2023 20:54

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168