

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	03/05/2023 16:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE ENG NEO AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1986Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JIN LIMING
NRIC No	SXXXX153Z
Email Address	RUIHUAN2000@YAHOO.COM
Mobile Phone No	(Phone) +65-84995050
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	1598

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300573343 AT2

DRIVER

Name of Driver	LI RUIHUAN
NRIC No	SXXXX603J
Date Of Birth	04/09/1982
Occupation	Indoor

Date Of Driving Pass	27/04/2017
Driving experience	6 YEARS
Gender	Female
Mobile Number	(Phone) +65-84995050
Alt. Phone Number	-
Email Address	RUIHUAN2000@YAHOO.COM
Address	2 PETIR ROAD
Address complement	# 12-11
Postcode	678265
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JVH4088
Vehicle Category	Motorcycle

PASSENGER 1

Name	K.NITIAH
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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230427/7006

* Report was unable to submit on 02.05.2023 as Gear system was down."

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident WITH INVESTIGATION OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE2847K
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JVH4088
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SNE6671S
 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LI RUIHUAN
Gender	Female
Phone No	(Phone) +65-84995050
Address	2 PETIR ROAD
Address Complement	# 12-11
Post Code	678265
Approximate Age Years Old	-
Injuries Sustained	MINOR INJURIES, INCLUDING ABRASION AND BODY ACHES- GIVEN 3 DAYS OF MC
Injured person in which vehicle?	SLP1986Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	K.NITIAH
Gender	Female
Phone No	(Phone) +65-91860500
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABDOMINAL PAIN (PREGNANT)- GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SLP1986Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

KINDLY REFER TO POLICE REPORT

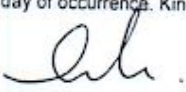
- T/2023 0427 / 7206 -

Declaration

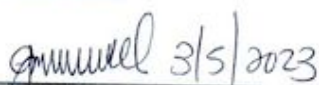
We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date &
Time



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

 3/5/2023

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**

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



T/20230427/7006

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Report No. T/20230427/7006

CONTINUATION OF REPORT

Passenger			
Name	K NITIAH	ID No.	S8638390Z
Related Vehicle	SLP1986Y (Car)	Contact No.	91860500
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	LI RUIHUAN	ID No.	S8276603J
Related Vehicle	SLP1986Y (Car)	Contact No.	84995050
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 26th April, about 1725hrs. After work, I was driving my car with my colleague who is pregnant, we were on 4th lane at PIE near Eng Neo ave exit 22. While driving, suddenly I felt something hit the right side of my car, causing me to lose control of the vehicle. My car swerved right, and landed on the first lane

As a result, my car veered off the road and collided with the curb on the right side of the road. The impact caused damage to the front and right side of the vehicle. I sustained minor injuries, including abrasion and body aches. My friend had abdominal pain and found her pants to be wet. We were unsure at that moment if the fluid leak was from the pregnancy.

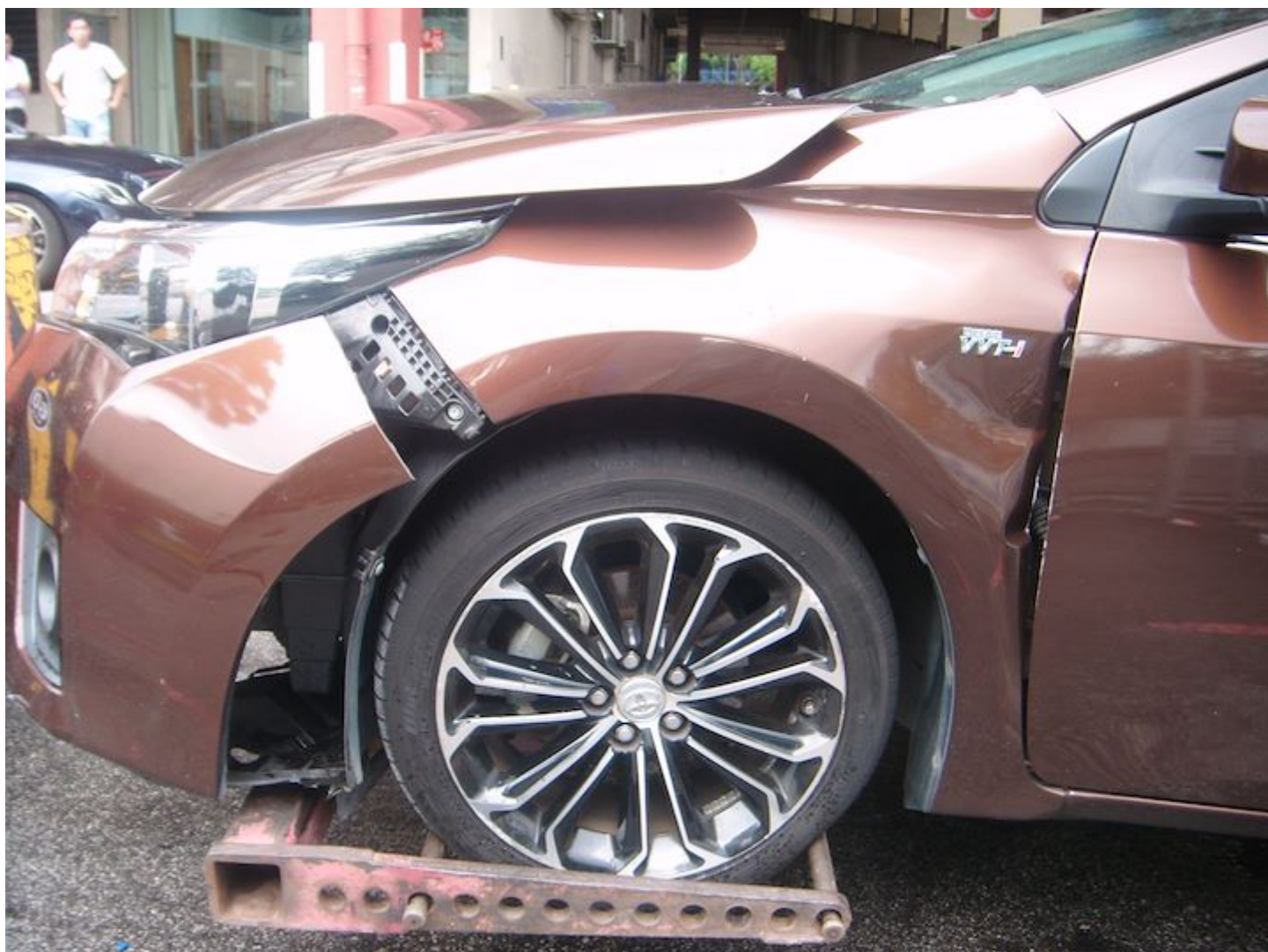
I immediately called emergency services and reported the accident. My friend and I were transported to the hospital for further medical evaluation and treatment. The accident was reported to my insurance company, and they have been notified of the incident.

I have sent the dash camera footage to the investigation officer.



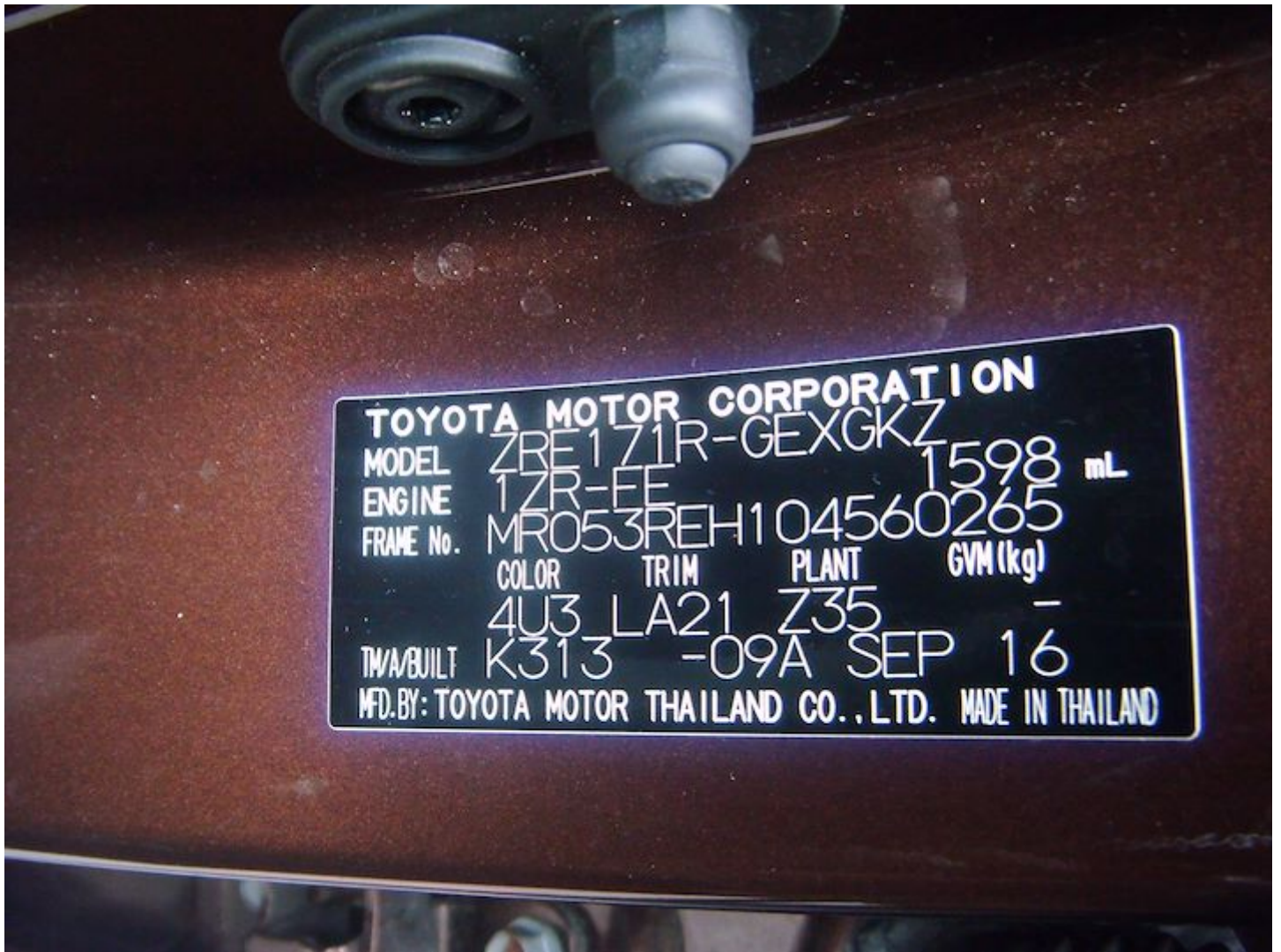








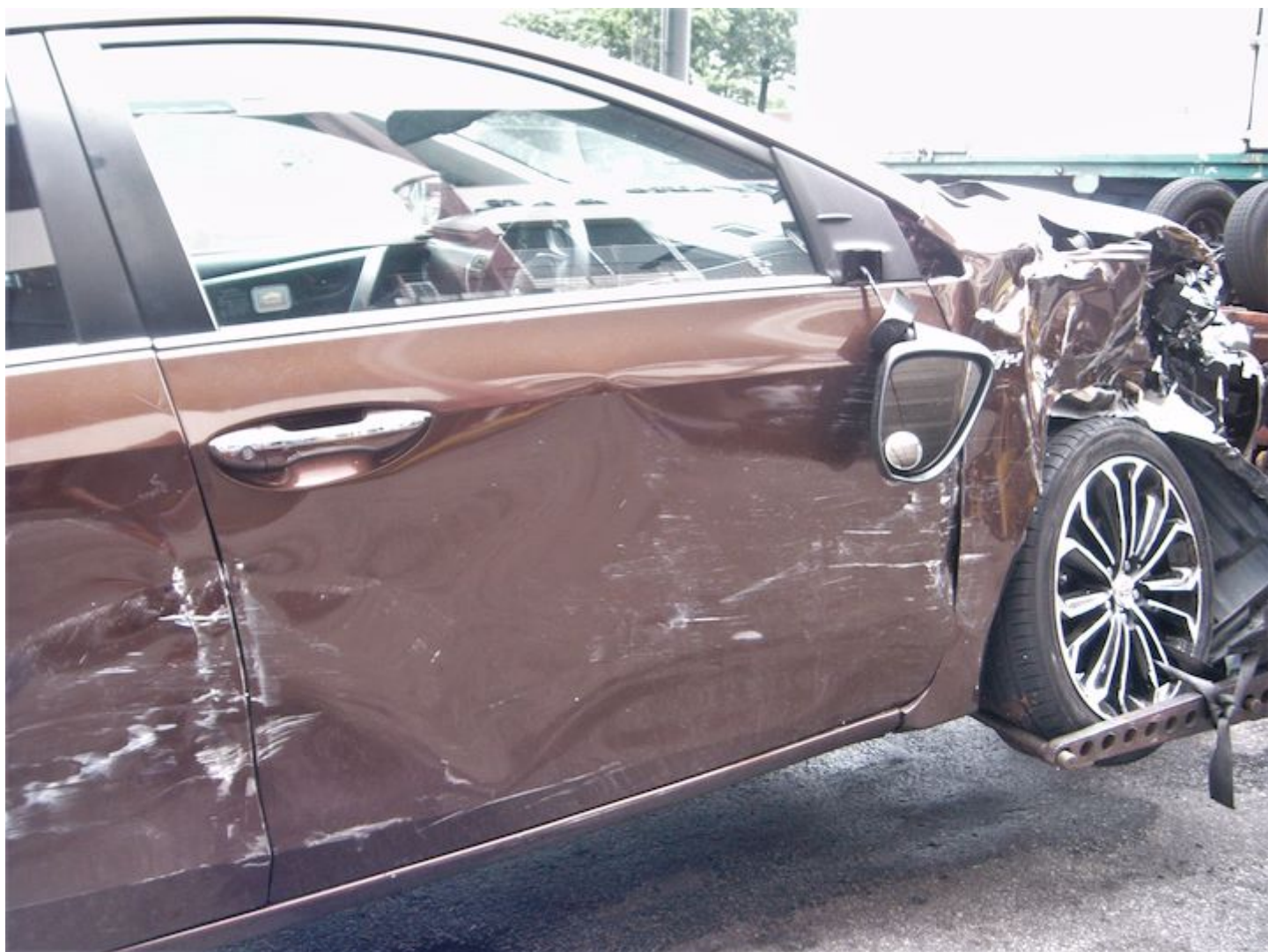




















**SINGAPORE
POLICE FORCE**



T/20230427/7006

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

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Report No. T/20230427/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2023 10:37	Vide Report No.: E/20230426/0123	Station Diary No.:
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Informant's Particulars			
Name of Informant: LI RUIHUAN		Address: 2 PETIR ROAD #12-11 SINGAPORE 678265	
ID Type / ID No.: NRIC NO / S8276603J		Contact No.: Home/Office: Mobile: 84995050	
Nationality: SINGAPORE CITIZEN		Email: RUIHUAN2000@YAHOO.COM	
Sex: Female	Age: 40	Date of Birth: 04/09/1982	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Registered nurse and other nursing professionals		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2023 17:25	Type of Location: Straight Road
Location: PIE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP1986Y	Car					0

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



**SINGAPORE
POLICE FORCE**

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



T/20230427/7006

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Report No. T/20230427/7006

CONTINUATION OF REPORT

Passenger			
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Related Vehicle	SLP1986Y (Car)	Contact No.	91860500
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	LI RUIHUAN	ID No.	S8276603J
Related Vehicle	SLP1986Y (Car)	Contact No.	84995050
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	26/04/2023	Date	26/04/2023
No. of Days granted Medical Leave	03	Degree of	Slight

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I immediately called emergency services and reported the accident. My friend and I were transported to the hospital for further medical evaluation and treatment. The accident was reported to my insurance company, and they have been notified of the incident.
I have sent the dash camera footage to the investigation officer.



**SINGAPORE
POLICE FORCE**

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



T/20230427/7006

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Report No. T/20230427/7006

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

NP168

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

Date/Time:
27/04/2023 10:37

Classification Of Case: