

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	25/05/2023 17:12 (SGT)
Reported by	Actual Driver
Date of Accident	24/05/2023 11:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS AYE (BEFORE BALESTIER ROAD EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK2992A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO KHIAM HEE
NRIC No	SXXXX091A
Email Address	tancorol6@gmail.com
Mobile Phone No	(Phone) +65-96353548
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 300845558 QMY

DRIVER

Name of Driver	HO CHERN BIAO
NRIC No	SXXXX073E
Date Of Birth	23/07/1981
Occupation	Outdoor

Date Of Driving Pass	27/08/2003
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97437917
Alt. Phone Number	-
Email Address	tancorol6@gmail.com
Address	BLK 112 BEDOK RESERVOIR ROAD #04-264
Address complement	-
Postcode	470112
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
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)	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	KHOO GUAT HUA (WIFE)
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 POLICE REPORT T/20230525/7036

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	SKW4181H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP6162A
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	HO CHERN BIAO
Gender	Male
Phone No	(Phone) +65-97437917
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNK2992A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No




INJURED 2

Name of injured person	KHOO GUAT HUA
Gender	Female
Phone No	(Phone) +65-94317613
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNK2992A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

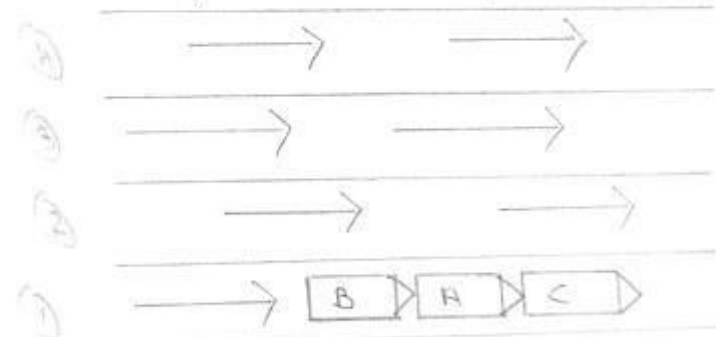
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 insurers 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.

<p> Policyholder's Signature / Date & Time 25/05/2023 2pm</p>	<p> Driver's Signature (if driver is not the policyholder) / Date & Time 25/05/2023 2pm</p>	<p> Witnessed by Reporting Centre Personnel 25/05/2023</p>
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Sketch Plan



CTE TOWARDS RHE
(ASPH/REAS/EST/ER EX)

A 39UK 2992A
 B 39UK 4181H
 C 39UK 6162A

Describe Circumstances of the Accident

Refer to Police Report No. 2 7/20230525/3036.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

2 pm 25/05/23


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

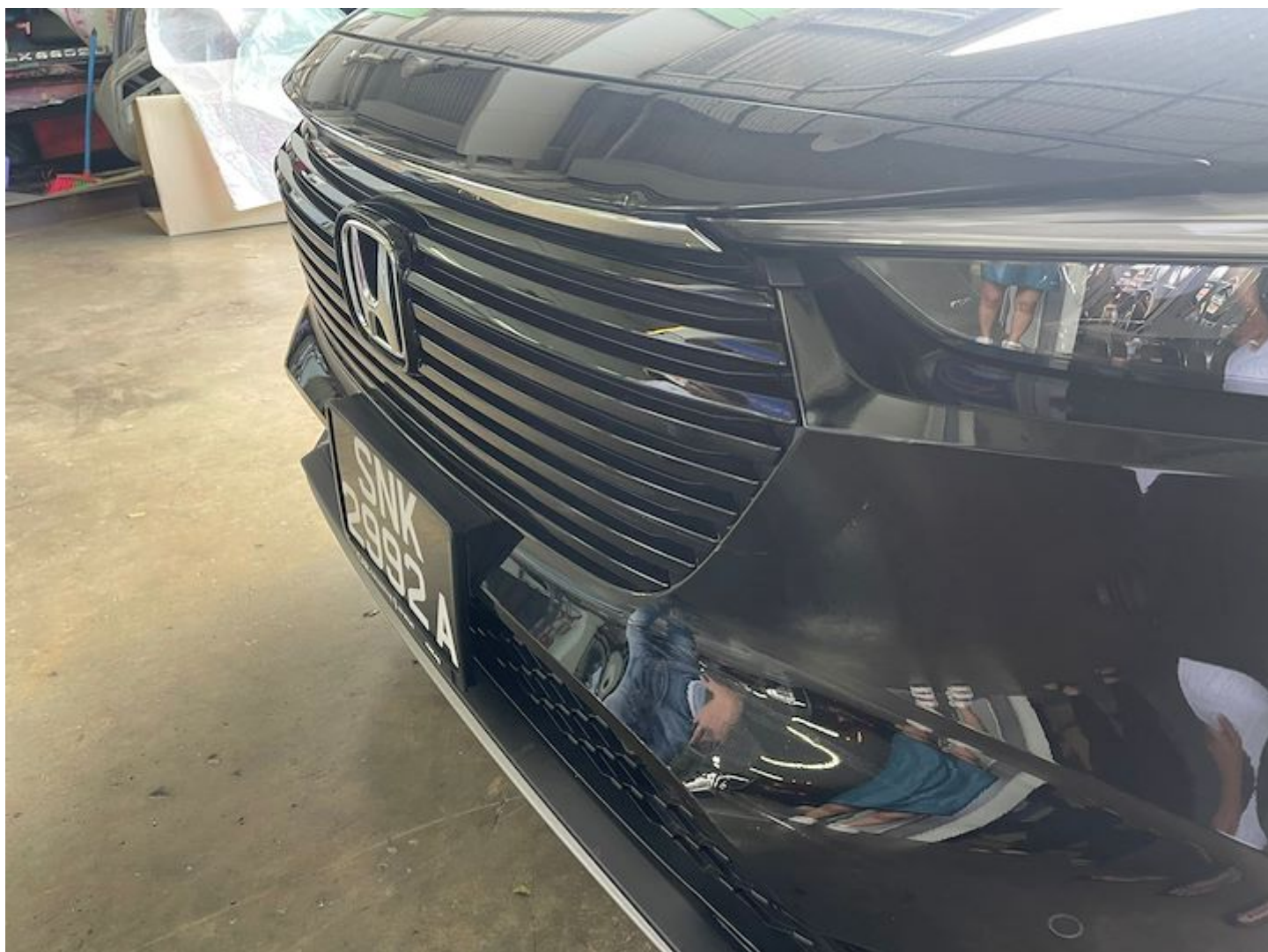
25/05/23
2 pm


25/05/2023

Witnessed by Reporting Centre Personnel



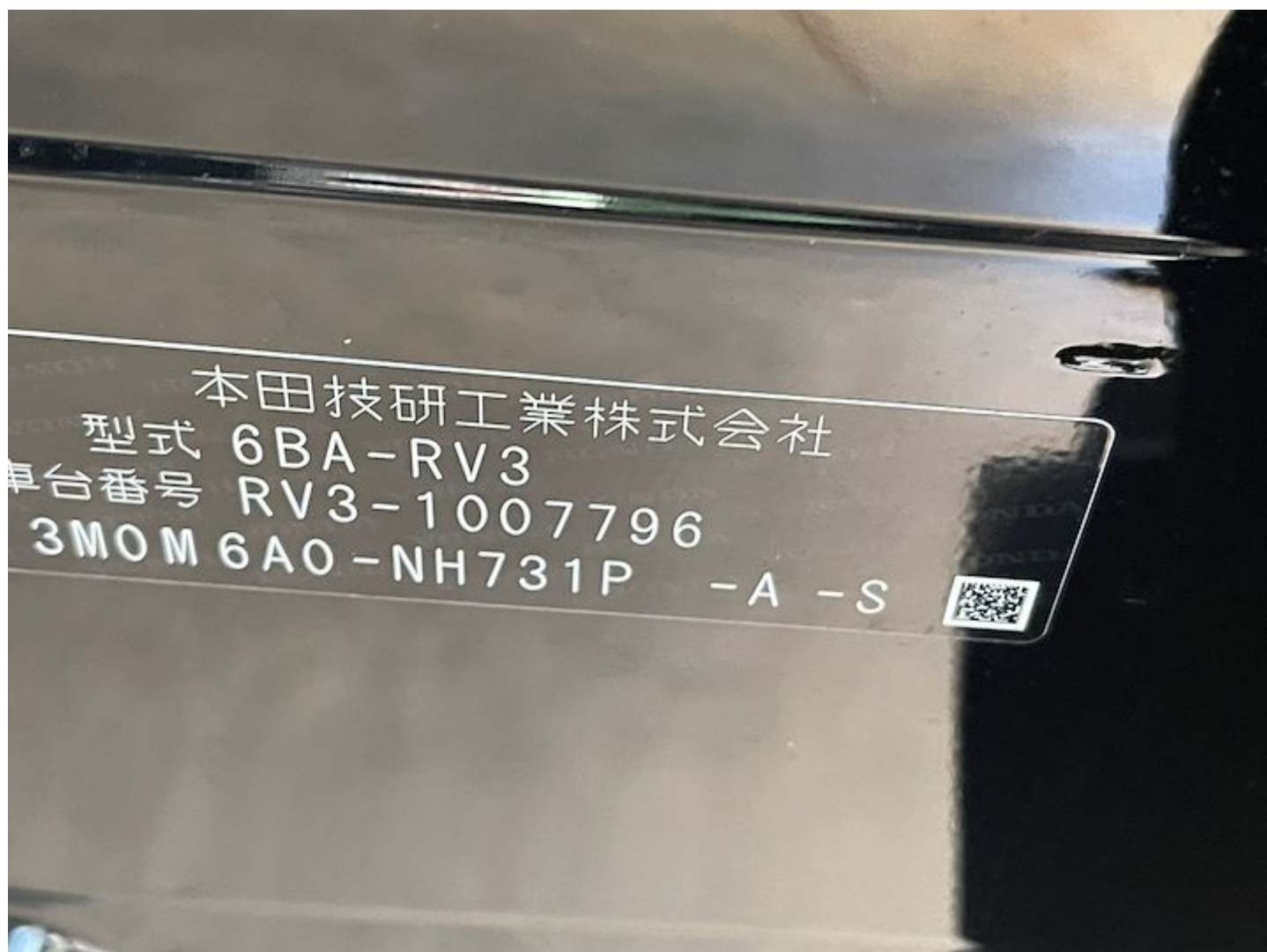






































**SINGAPORE
POLICE FORCE**

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



T/20230525/7036

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Report No: T/20230525/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2023 13:36	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: HO CHERN BIAO		Address: 112 BEDOK RESERVOIR ROAD #04-264 SINGAPORE 470112	
ID Type / ID No.: NRIC NO / S8122073E		Contact No.: Home/Office: Mobile: 97437917	
Nationality: SINGAPORE CITIZEN		Email: TANCOROL6@GMAIL.COM	
Sex: Male	Age: 41	Date of Birth: 23/07/1981	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2023 11:40	Type of Location Straight Road
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		
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	Conditio	No of
SKW4181H	Car					0
SLP6162A	Car					0
SNK2992A	Car					0



**SINGAPORE
POLICE FORCE**

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



T/20230525/7036

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Report No: T/20230525/7036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO CHERN BIAO	ID No.	S8122073E
Related Vehicle	SNK2992A (Car)	Contact No.	97437917
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
Passenger			
Name	KHOO GUAT HUA	ID No.	S7074486D
Related Vehicle	SNK2992A (Car)	Contact No.	94317613
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/05/2023	Date	25/05/2023
No. of Days granted Medical Leave	07	Degree of	Slight
Driver			
Name	HO CHERN BIAO	ID No.	S8122073E
Related Vehicle	SNK2992A (Car)	Contact No.	97437917
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/05/2023	Date	25/05/2023
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details:

ON 24 MAY 2023 AT ABOUT 1140HRS, I AM STATIONARY AT CTE TOWARDS AYE (BEFORE BALESTIER EXIT) ON THE EXTREME LANE 1 DUE TO HEAVY TRAFFIC.

OUT OF A SUDDENLY, I FELT A HUGE IMPACT BEHIND ME. THEREFORE, MY VEHICLE INCHED FORWARD AND SLIGHTLY HIT ONTO THE VEHICLE IN FRONT OF ME.

ALL OF US ALIGHTED TO EXCHANGED PARTICULARS AND WE DISCOVERED THAT THIS WAS A CHAIN COLLISION.



**SINGAPORE
POLICE FORCE**

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



T/20230525/7036

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Report No. T/20230525/7036

CONTINUATION OF REPORT

AFTER WHICH, WE LEFT THE SCENE.

MY WIFE AND I FELT PAIN AND CONSULTED THE DOCTOR THE NEXT DAY. WE WERE GIVEN
SEVEN (7) DAYS MC.

**SINGAPORE
POLICE FORCE**

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



T/20230525/7036

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Report No. T/20230525/7036

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

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

Date/Time:
25/05/2023 13:36

Classification Of Case:

NP168