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 witholding 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.

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 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 30/05/2023 08:19 (SGT) Reported by **Actual Driver** Date of Accident 29/05/2023 11:45 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG HOLLAND ROAD TOWARDS QUEENSWAY AT LAMP **POST 150** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

No - Claiming third party

Vehicle Registration Number SKU3353X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner WONG SOK HWA NRIC No

SXXXX079I

Email Address REGINA.WONG@NTUCCLUB.COM.SG

Mobile Phone No (Phone) +65-96919073

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Auto 1598

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.

Policy Number / Cover Note Number D 300147830 QMY

DRIVER

Name of Driver **CHAN WEI SENG** NRIC No SXXXX893A Date Of Birth 03/01/1958

Occupation Outdoor Date Of Driving Pass 08/06/1984 Driving experience 38 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-98220265 Alt. Phone Number Email Address REGINA.WONG@NTUCCLUB.COM.SG Address APT BLK 496D TAMPINES AVENUE 9 Address complement # 07-530 Postcode 520496 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 WONG SOK HWA Gender Female PASSENGER 2 Name MARLENE CHAN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Geylang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008486999 Alt. Police Station Phone No. (Fax) +65-68486799 Police Station Address 1 Cassia Link Singapore 397618 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230621/2065

ATTACHMENT(S)

Are accident photos available for attachment? Yes



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)	SNF1556J Private car NG JI WEI SXXXX482A 2
PASSENGER 1	_
Name Gender	UNKNOWN Male

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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)

lunderstand, 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Dete & Driver's Signature (If driver is not the policyholder) / Date
Time 29/5/123 >p & & Time 29/5/123 >p m Personnel

Sketch Plan Along Holland Road Towards Quensway at tamp post 150

A: SKU3353X

B: SNF 15565

Lump port
(150)

Hotland Ret

On X-5-23 atabout 11.45am whilst Rd forwards Queensway at lamp post 150 me show down & Broke, I follow & vehicle (B) SNF 1556 J from Behind 1 my vehicle (A) SKY 3353X.	Ariving alone Halland	
Rd towards Queensway at lamp POST 150	retire in trent of	_
me slow down & Brite I follow &	citie and stop sudden	11
reliace (B) SNF 1556J from Behind 1	ut onto the rear of	-
my vehicle (A) SKY 3353X.		-
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	74MMMX 3010510	OU



Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999



2 of

Report No. T/20230621/2065

CONTINUATION OF REPORT

Brief Details.

On 29/05/2023 at about 11.35am, I was travelling along Holland Road near to Holland Village Park. I was driving my car (SKU3353X) with my wife as my front passenger, and my daughter who was sitting at the back. There were 3 lanes along the road, and I was driving in the middle lane. Suddenly the vehicle in front of me had emergency brake and I managed to stop on time to avoid the collision. However, my family and I then felt an impact on the rear. I then checked my rear-view mirror and saw one vehicle collided with my rear vehicle. I then alighted from my vehicle and saw the driver approaching me. He immediately asked me if my in-car camera was working.

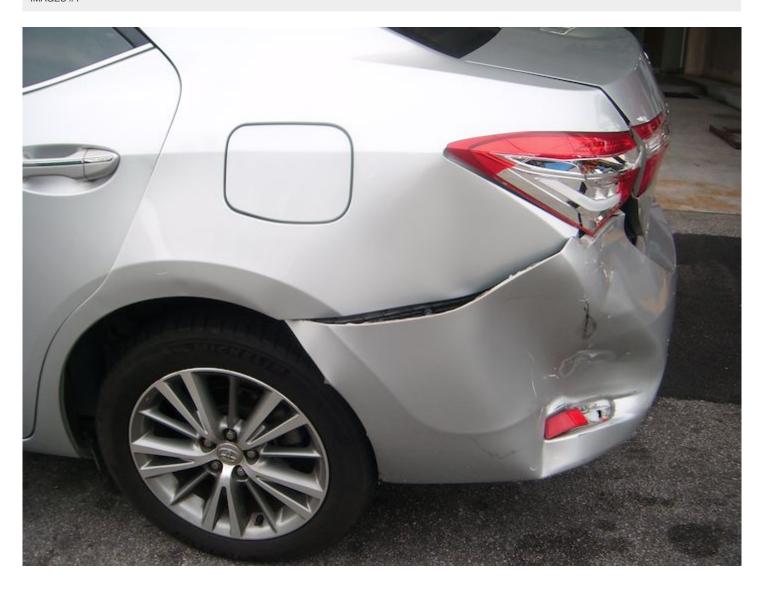
As I was still shocked from the accident, I told him that my in-car camera was not in working condition. Both of us exchanged particulars and took photos of the accident. Both of us left separately from the location.

I wish to state that I drove to Bukit Timah NPC to seek advice about the accident. However, I did not lodge any report on that day as there was no injury during the accident. I wish to state that there was nobody injured during the accident and the other vehicle had one passenger in his vehicle.





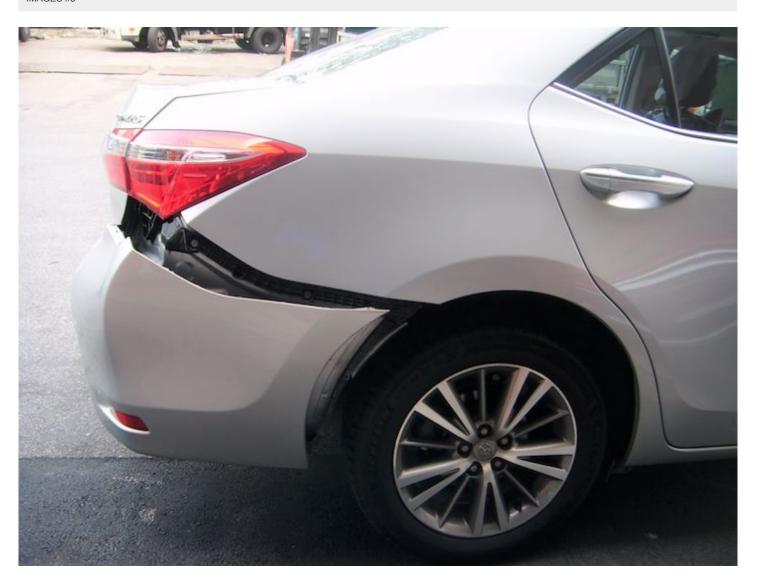




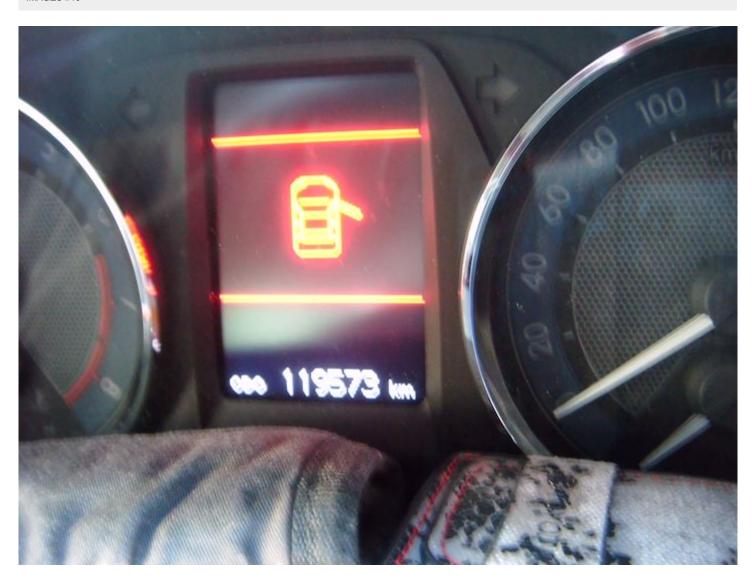














T/20230621/2065

Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618

ng N.P.C Report No. Sia Link SINGAPORE 397618

Tel No: 1800-8486999

1 of 3 Report No. T/20230621/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2023 15:03			Vide Report No.:	Station Diary No.: 75	
Informa	nt's Partic	ulars	A STATE OF THE STATE OF		
Name of Informant: CHAN WEI SENG			Address: APT BLK 496D TAMPINES AVENUE 9 #07-530 SINGAPORE 520496		
ID Type / ID No.: NRIC NO / S2188893A			Contact No.: Home/Office:	Mobile: 98220265	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 65	Date of Birth: 03/01/1958	Type of Informant: Driver		
Race: Chinese		Language:			
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	ype of Non-Injury		Date/Time of Accident: 29/05/2023 11:35	Type of Location Straight Road
Location: HOLLAND RO Weather: Clear	DAD	Road Surface: Dry	٠.	
Traffic Flow: One Way		Traffic Control: Not Controlled	1.3	raffic Volume: foderate
Type of Collisi Between Movi	ion: ing Vehicles - Head 1	To Rear	а	nyone conveyed by mbulance:

Details of V	ehicle Involved	1 - 2		THE P. S.		A STATE OF THE STA
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKU3353X	Car	ТОУОТА	TOYOTA COROLLA ALTIS 1.6L CVT	Silver	Slightly Damaged	2
SNF1556J	Car	тоуота	ALPHARD HYBRID 2.5 SR-C PACKAGE CVT	White	Slightly Damaged	1



Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999



2 of

Report No. T/20230621/2065

CONTINUATION OF REPORT

Brief Details.

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As I was still shocked from the accident, I told him that my in-car camera was not in working condition. Both of us exchanged particulars and took photos of the accident. Both of us left separately from the location.

I wish to state that I drove to Bukit Timah NPC to seek advice about the accident. However, I did not lodge any report on that day as there was no injury during the accident. I wish to state that there was nobody injured during the accident and the other vehicle had one passenger in his vehicle.



Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999



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Report No. T/20230621/2065

3 of 3

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 3 NUR JANNAH BINTE MOHAMED HUSNI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2023 15:03
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDL	M					
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:						
	Original Report No: 510223540001	Vehicle Registration No: SkU 3353 X					
	Name (as shown in MRIC): CHAN WEISENG						
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate						
	Address: APT BLK 496D TAMPINES AVE 9, #	07-530 Singapore (52049)					
	Contact (Tel):	Mobile No.: 9822 0265					
	Email Address: REGINA WONG NTUCCLUB. COM. SG						
	Date of Accident: 29-5-2013	Time of Accident:					
	Place of Accident: ALONG HOLLAND RD TOWARDS						
	Insurance Company: MSIG INCURANCE (S'PE	ne) Pte Led					
(B)	ADDITIONAL INFORMATION /AMENDMENTS:						
	I have made a report on the above-mentioned accident armake the following amendments:						
	Adden Police Report No. T/2023						
in	mend eircumstance of Aceident - pl	ease Refer to the affected police					
- 33	R	eport-7/20230621/2065					
	Amend Add police Report? : yes.	Control of the contro					
- 1							
	HANUS	Smull 26/6/2023					
	Policyholder / Driver's Signature Date: 23-6-23	Reporting Centre Personnel's Signature Name:					

Date: