

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	12/07/2023 17:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/07/2023 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7843G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG WEE TAT (ZHUANG WEIDA)
NRIC No	S8312009F
Email Address	mk3_winston@yahoo.com
Mobile Phone No	(Phone) +65-93383756
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51013449

DRIVER

Name of Driver	CHONG WEE TAT (ZHUANG WEIDA)
NRIC No	S8312009F
Date Of Birth	19/04/1983
Occupation	Indoor

Date Of Driving Pass	01/11/2010
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93383756
Alt. Phone Number	-
Email Address	mk3_winston@yahoo.com
Address	APT BLK 601D PUNGGOL CENTRAL
Address complement	# 15-636
Postcode	824601
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?	No
Number of vehicles involved in the accident	6
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)	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	LIU XIU HUI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230712/2020

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	SKC1146K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	IKHWAN
Contact Number	(Phone) +65-81579579
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	SNA8661T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOY KC
Contact Number	(Phone) +65-96943873
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	SMW4661R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEONG CS
NRIC No	S8328014Z
Contact Number	(Phone) +65-93652047
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	SKV2927S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VINCENT
Contact Number	(Phone) +65-96687137
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 5

Vehicle Registration Number	SLB6828L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EUGENE NG
Contact Number	(Phone) +65-90095880
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

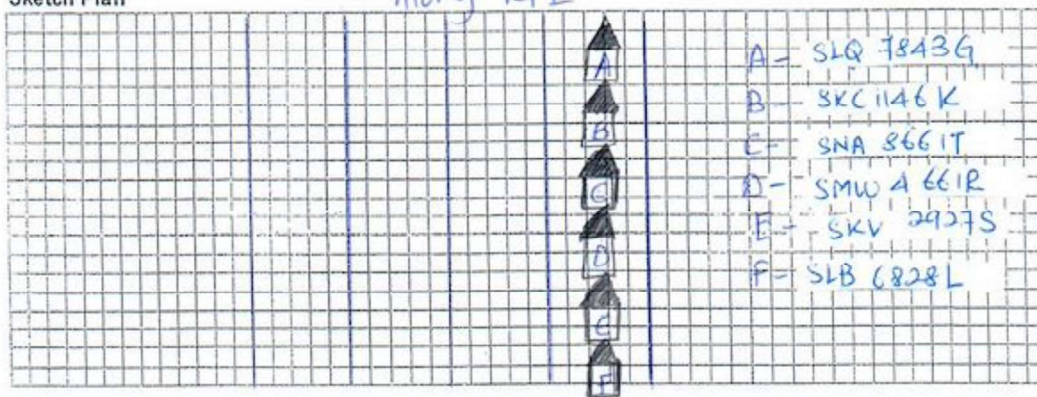
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 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.

[Signature] 12/07/2023
Policyholder's Signature / Date & Time

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

[Signature] 12/07/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

Please Refer to the attached
police Report - 7120230712/2020

Declaration

We declare the foregoing particulars are true in every respect.

 12/07/2023
Policyholder's Signature / Date & Time

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

 12/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

wjja2022

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999



T/20230712/2020

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Report No. T/20230712/2020

CONTINUATION OF REPORT

Driver			
Name	LOY KC		ID No. NIL
Related Vehicle	SNA8661T (Car)		Contact No. 96943873
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

Brief Details.

On the above-mentioned date and time, I was driving my vehicle (plate number: SLQ7843G) along KPE. My wife, Ms Liu Xiu Hui was sitting in the passenger seat, and I was on the first lane of the expressway.

At one point, the vehicle in front of me had come to a stop so I followed suit. However, we suddenly felt an impact from the back as the vehicle behind us (SKC1146K) collided into the rear of our vehicle.

Subsequently, we felt a second impact shortly after the first one. We realized that another vehicle had also collided into the rear of another vehicle, adding onto our first accident. There were 6 cars in total that was involved in the car accident.

As a result, my vehicle sustained serious damages at the rear. No ambulance or police attended the incident and we were advised by a LTA officer to move off from the scene.

I wish to state that my wife and I have not observed any injuries as of now, but we will be monitoring our condition and visit a doctor if necessary.































**SINGAPORE
POLICE FORCE**



T/20230712/2020

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20230712/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2023 09:03	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: CHONG WEE TAT			Address: APT BLK 601D PUNGGOL CENTRAL #15-636 SINGAPORE 824601		
ID Type / ID No.: NRIC NO / S8312009F			Contact No.: Home/Office: Mobile: 93383756		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 19/04/1983	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: SENIOR ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2023 07:45	Type of Location:
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC1146K	Car				Slightly Damaged	0
SKV2927S	Car				Slightly Damaged	0
SLB6828L	Car				Slightly Damaged	0
SLQ7843G	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Blue	Seriously Damaged	1


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T/20230712/2020

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Tel No: 1800-6049999

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Report No. T/20230712/2020

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMW4661R	Car				Slightly Damaged	0
SNA8661T	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ7843G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300634562	24/07/2022	23/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	IKHWAN		ID No.	NIL
Related Vehicle	SKC1146K (Car)		Contact No.	81579579
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	VINCENT		ID No.	NIL
Related Vehicle	SKV2927S (Car)		Contact No.	96687137
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



**SINGAPORE
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Report No. T/20230712/2020

CONTINUATION OF REPORT

Driver			
Name	EUGENE NG	ID No.	NIL
Related Vehicle	SLB6828L (Car)	Contact No.	90095880
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	CHONG WEE TAT	ID No.	S8312009F
Related Vehicle	SLQ7843G (Car)	Contact No.	93383756
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	LIU XIU HUI	ID No.	S8328014Z
Related Vehicle	SLQ7843G (Car)	Contact No.	93652047
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	LEONG CS	ID No.	NIL
Related Vehicle	SMW4661R (Car)	Contact No.	NIL
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


**SINGAPORE
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T/20230712/2020

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Report No. T/20230712/2020

CONTINUATION OF REPORT

Driver			
Name	LOY KC	ID No.	NIL
Related Vehicle	SNA8661T (Car)	Contact No.	96943873
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

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I wish to state that my wife and I have not observed any injuries as of now, but we will be monitoring our condition and visit a doctor if necessary.



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T/20230712/2020

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Tel No: 1800-6049999

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Report No. T/20230712/2020

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 Tan Ting Wei Colette
@Dania

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
12/07/2023 09:03

Classification Of Case:

NP168