

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	22/07/2023 15:03 (SGT)
Reported by	Actual Driver
Date of Accident	20/07/2023 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OLD CHOA CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7817H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH WEE LING JENNY
NRIC No	S7121792B
Email Address	jlkx0910@gmail.com
Mobile Phone No	(Phone) +65-94792608
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	TL TUCSON 1.6 GLS T-GDI DCT 2WD
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?	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	D 300811943 QMX

DRIVER

Name of Driver	LEE KAI XUAN JOCELYN
NRIC No	S9833533A
Date Of Birth	09/10/1998
Occupation	Indoor

Date Of Driving Pass	02/11/2017
Driving experience	5 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92305597
Alt. Phone Number	-
Email Address	jlxx0910@gmail.com
Address	APT BLK 723 PASIR RIS ST 72 #12-131 (S) 510723
Address complement	-
Postcode	-
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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	XD2583R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SAN MIN NYO
Work Permit No	G6214605U
Contact Number	(Phone) +65-96112892
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	LEE KAI XUAN JOCELYN
Gender	Female
Phone No	(Phone) +65-92305597
Address	APT BLK 723 PASIR RIS ST 72 #12-131 (S) 510723
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SENGKANG GENERAL HOSPITAL PTE LTD - 5 DAYS MC
Injured person in which vehicle?	SLQ7817H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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]

Policyholder's Signature / Date & Time

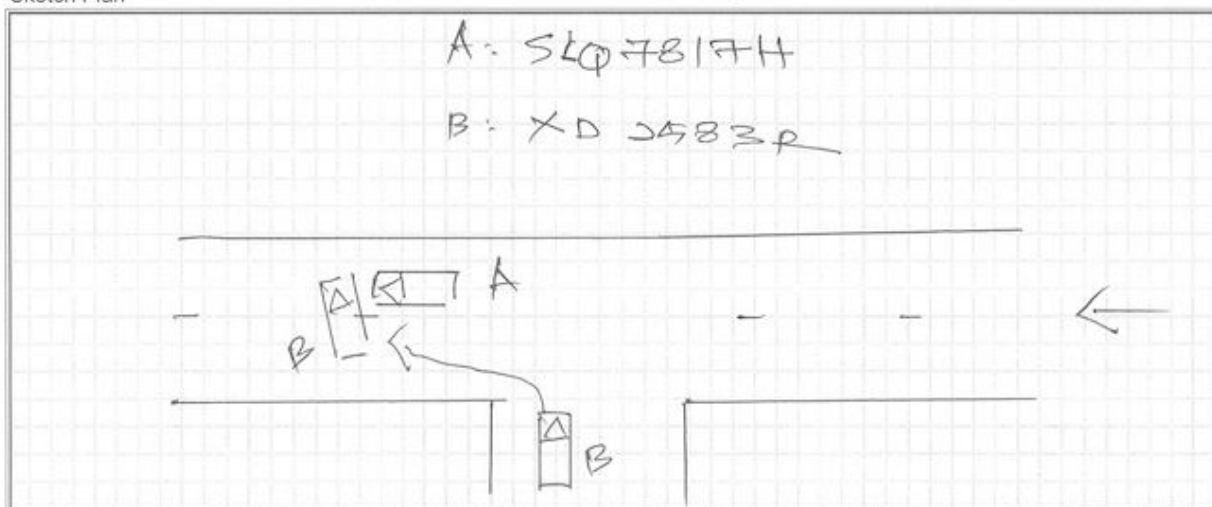
[Signature] 22-7-23 1007

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



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

Sketch Plan



Construction site

1

Describe Circumstance of the Accident

Refer to attached police report.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



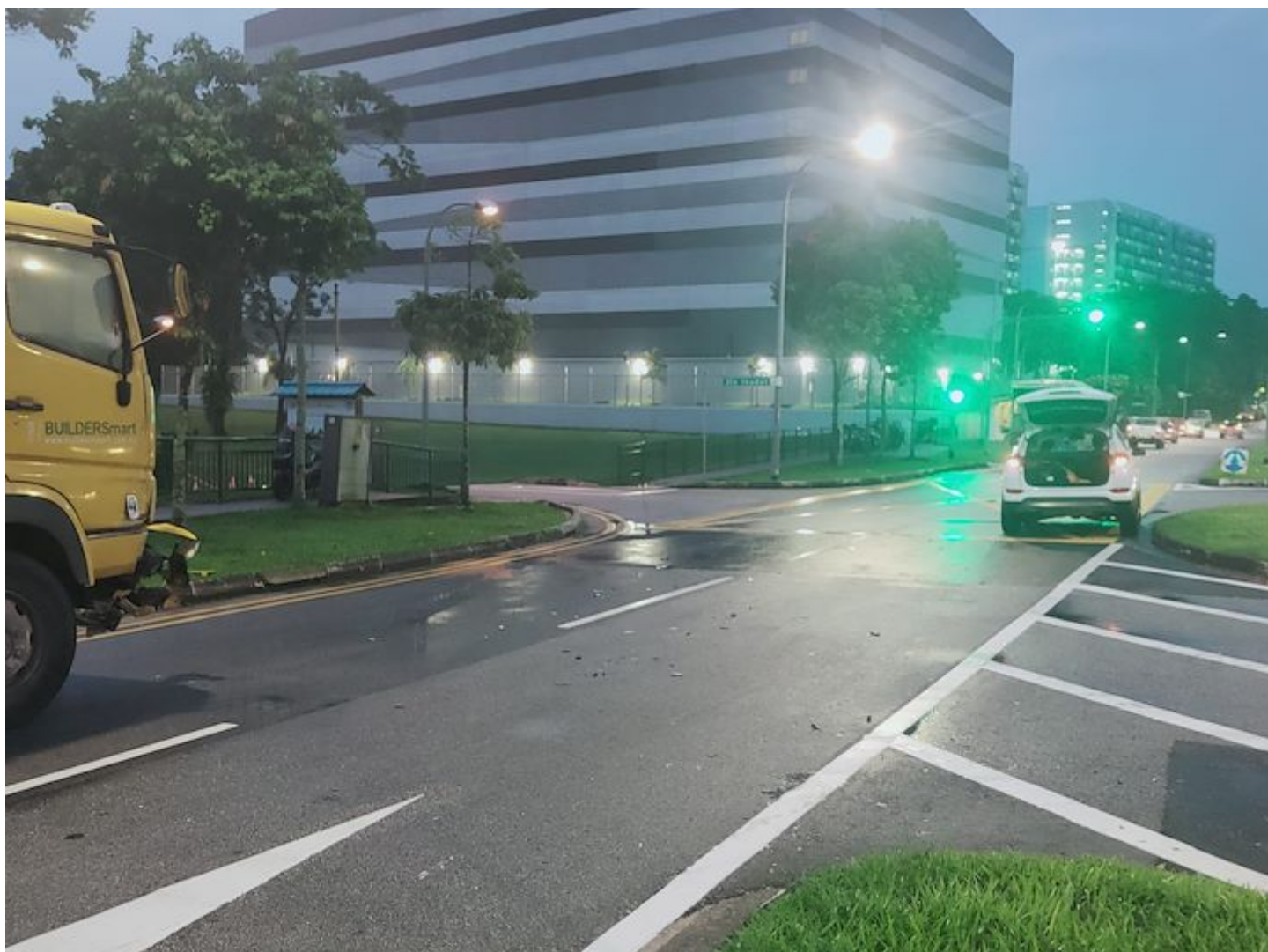
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















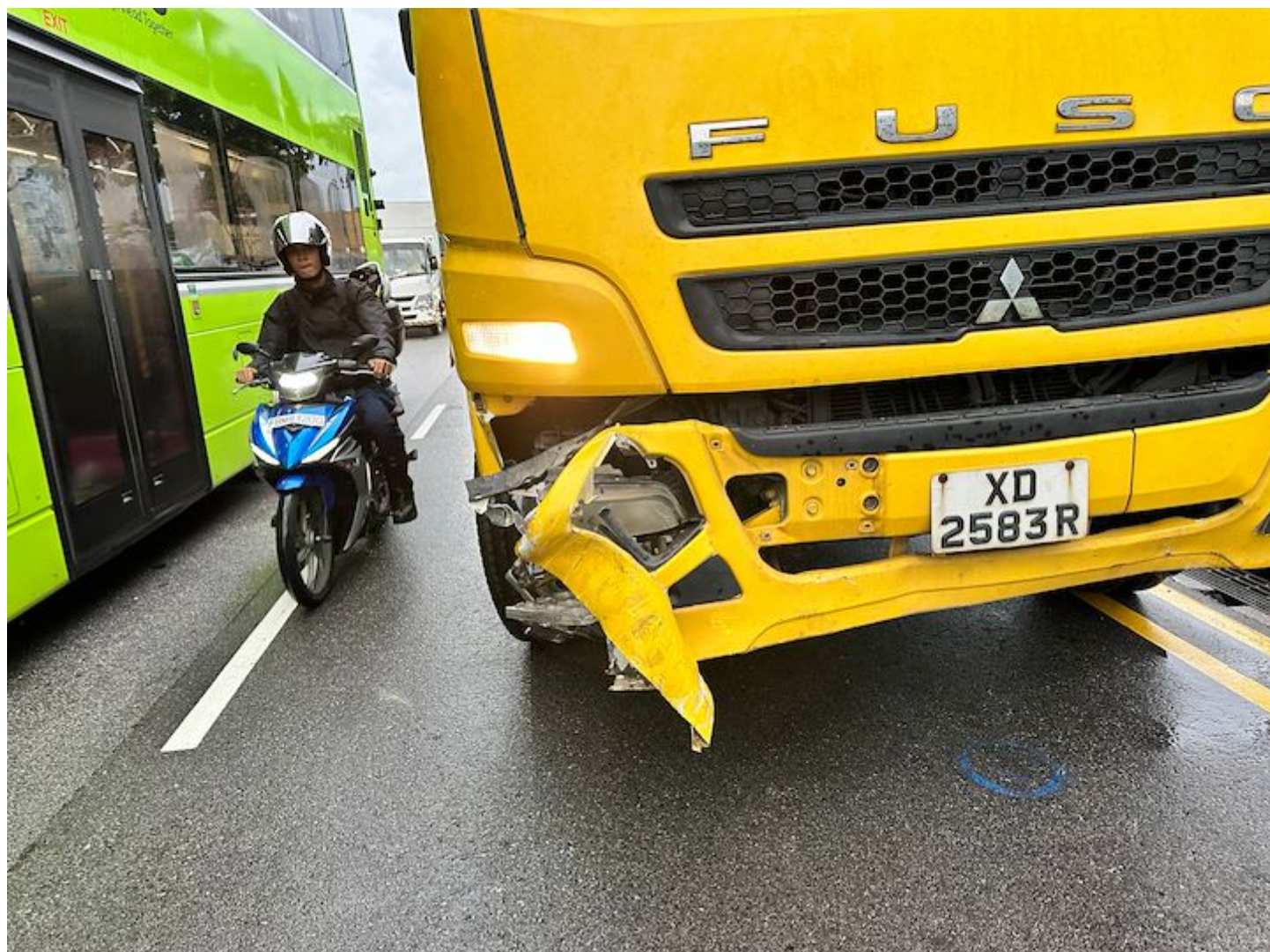








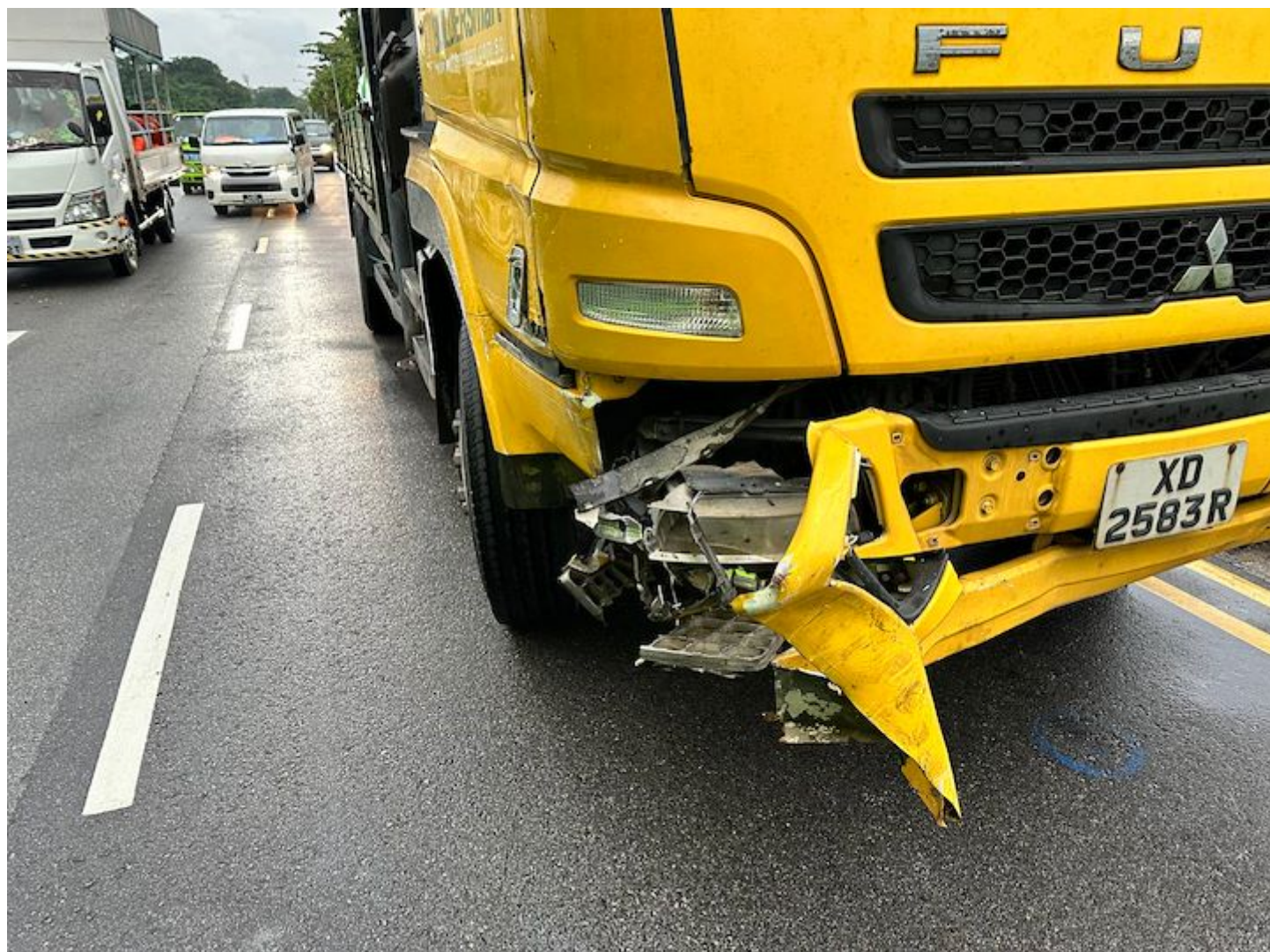




















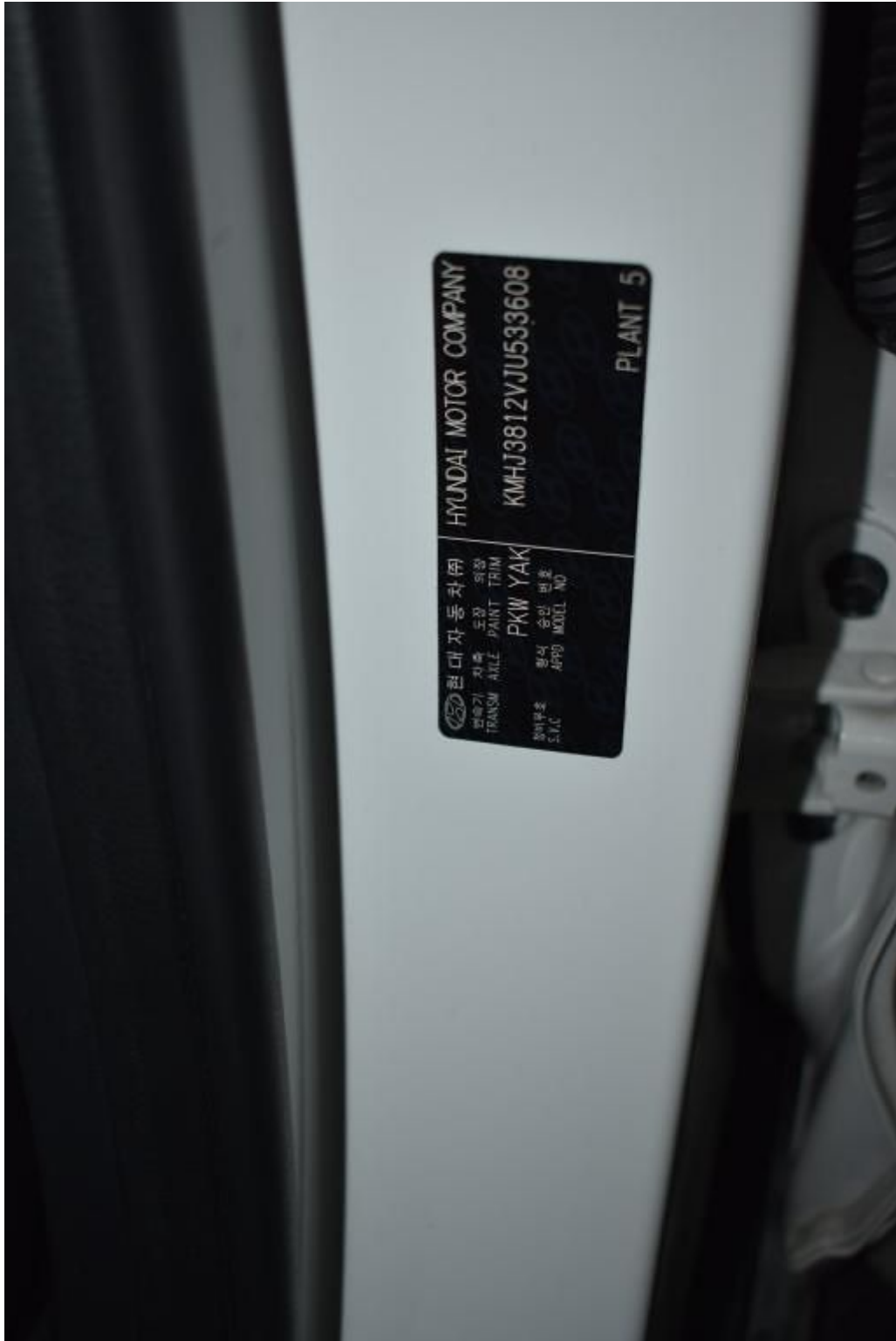
















**SINGAPORE
POLICE FORCE**



T/20230721/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20230721/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2023 21:15	Vide Report No.:	Station Diary No.: 129
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Informant's Particulars

Name of Informant: LEE KAI XUAN JOCELYN			Address: APT BLK 723 PASIR RIS STREET 72 #12-131 SINGAPORE 510723	
ID Type / ID No.: NRIC NO / S9833533A			Contact No.:	Mobile: 92305597
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 24	Date of Birth: 09/10/1998	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: SAF REGULAR			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2023 19:00	Type of Location: Straight Road
Location: OLD CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicle, Front to Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ7817H				White	Seriously Damaged	0
XD2583R				Yellow	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230721/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20230721/2115

CONTINUATION OF REPORT

Driver			
Name	LEE KAI XUAN JOCELYN		ID No. S9833533A
Related Vehicle	SLQ7817H		Contact No. 92305597
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	21/07/2023	Date Discharge	21/07/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SAN MIN NYO		ID No. G6214605U
Related Vehicle	XD2583R		Contact No. 96112892
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 20 July 2023 at about 1900hrs, I was driving my personal vehicle bearing registration plate SLQ7817H number along Old Choa Chu Kang Road on the right lane. Initially there was no other vehicle on the road, then a construction lorry bearing registration plate number XD2583R turned in to the road and drove on the left lane.

Suddenly, without warning the Construction Lorry turned into my lane and collided with my vehicle.

Afterwards we both came down from our vehicle to check on the damages sustained to the vehicle. The front left hand side passenger door suffered damages, left side hand mirror damaged, left front side wheel area pop out. The footstep area on the left side of the vehicle damaged.

I am unsure of the condition of the other driver vehicle. The driver apologized and admitted to me that it was his fault which he had also written it on a piece of paper admitting his mistakes, and he did not see my vehicle which resulted in the accident. We both agreed to settle this issue via insurance claim.

Afterwards I felt pain in my abdomen and right wrist area so I went to Sengkang General Hospital on 21 July 2023 to seek treatment and was given 5 days of MC dating from 21 July 2023 to 25 July 2023.

I wish to state that my vehicle did not have any in car dash camera footage.



**SINGAPORE
POLICE FORCE**



T/20230721/2115

Police Station Of Origin:
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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20230721/2115

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 JOEL KOH KAH SHENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:
21/07/2023 21:15

Classification Of Case:




ORIGINAL

MEDICAL CERTIFICATE

Reg No : 201220357K

EMD202398445

Name LEE KAI XUAN JOCELYN		NRIC No. S9833533A
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>21-Jul-2023</u> to <u>25-Jul-2023</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>21-Jul-2023</u>	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Sengkang General Hospital	Ward No. SKH-EM DIAGNOSTICS & TRMT Unit Date 21-Jul-2023	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  GARCIA ANNA MARIE CABRERA , 19086A