

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 Authorised 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 ability.
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 Report	19/03/2018 10:02
Date Of Accident	17/03/2018 13:50
Exact Location Of Accident	25 JALAN TUKANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9784U
Insured/Policyholder	
Name Of Registered Owner	CHNG LONG ZHAO
NRIC No	S8838690F
Email Address	CHNG0084@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91546256
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA 5D 1.6I-S AWD CVT
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29035479 QMY
Cover Note Number	

Driver

Name of Driver	CHNG LONG ZHAO
NRIC No	S8838690F
Date Of Birth	13/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91546256
Fax Number	
Contact Number	OFFICE-80000000
EMail Address	CHNG0084@HOTMAIL.COM

Address	751355
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRM1652 (MOTORCYCLE)
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

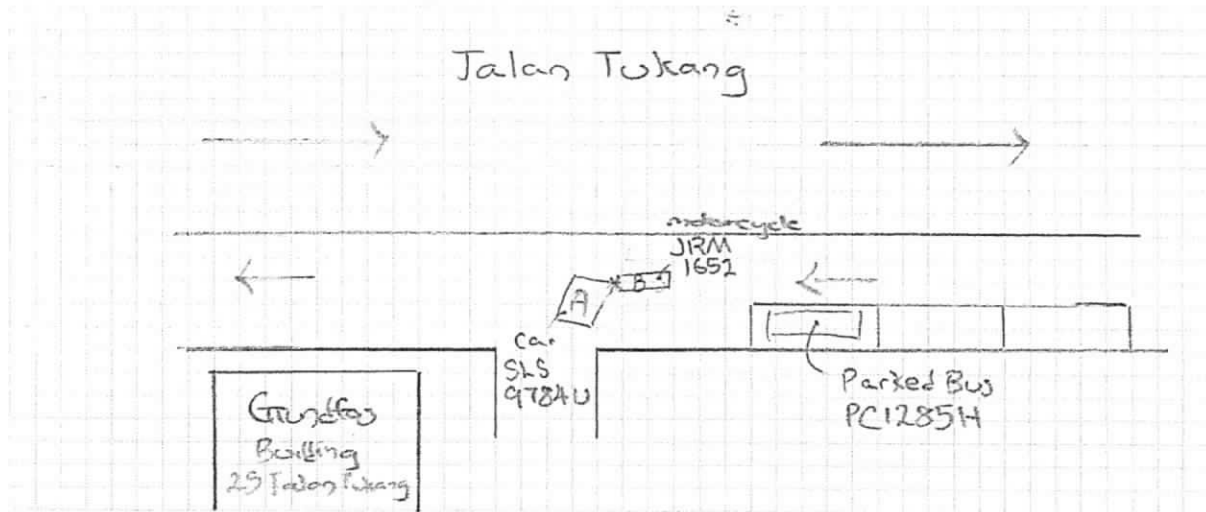
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JRM1652
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SATHESKUMAR SUBRAMAINIAM
NRIC/Passport Number	G2065327U
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17th March 2018 at around 13:51pm, when I (^{Vehicle A} SLS 9784) was trying to make a right turn exit from 25 Jalan Tukang, my view was obstructed by bus PC1285H (parked illegally) or cars only parking to my right.

I moved slowly and bit by bit & once I gained unobstructed view of the motorcycle, it was travelling in my direction at high speed from quite a distance away. The motorcycle should have enough time to slow down & act accordingly it not for the high speed but instead it braked hard, after losing to & regaining balance a few times & ~~se~~ ^{swerving} swerving left & right, it ~~at~~ collided with my car.

DECLARATION

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

Policyholder's Signature

Date & Time: 19/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/3/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 19/3/18

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/3/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180317/7013

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

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Report No. T/20180317/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2018 23:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHNG LONG ZHAO			Address: APT BLK 355A SEMBAWANG WAY #07-104 SINGAPORE 751355		
ID Type / ID No.: NRIC NO / S8838690F			Contact No.: Home/Office: Mobile: 91546256		
Nationality: SINGAPORE CITIZEN			Email: chng0084@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 13/10/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 17/03/2018 00:00	Type of Location: entrance of a building
Location: JALAN TUKANG outside building entrance/exit of 25 Jalan Tukang (Grundfos Singapore)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRM1652	Motorcycle			Black		1
SLS9784U	Car				Seriously Damaged	0

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



**SINGAPORE
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T/20180317/7013

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Tel No: 65470000

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Report No. T/20180317/7013

CONTINUATION OF REPORT

Rider			
Name	RAVEENDRANATH VADAMALAI	ID No.	G2151830T
Related Vehicle	JRM1652 (Motorcycle)	Contact No.	86515224
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
Pillion			
Name	SATHESKUMAR SUBRAMANIAM	ID No.	G2065327U
Related Vehicle	JRM1652 (Motorcycle)	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
Driver			
Name	CHNG LONG ZHAO	ID No.	S8838690F
Related Vehicle	SLS9784U (Car)	Contact No.	91546256
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

When i was making an exit out of my office building (25 Jalan Tukang) and wanted to turn right , there was a bus(PC1285H) illegally parked in the parallel parking lot for cars to my right also (picture taken too). As my view was obstructed i had to inch forward very slowly and a little bit so as to remove the blind spot that was preventing me from turning right safely.

However just when i manage to gain an unobstructed view of the incoming traffic, a motorcycle (plate JRM1652 with rider Raveendranath Vadamalai , Work Permit No 4 04283995 , Malaysian FIN G2151830T) came at my direction with high speed at quite a distance away. Given the distance he was away from me, he should have ample time to see me , react accordingly and slow down. But because he was travelling at high speed, the motorcyclist however started to brake hard and the motorcycle started to swerve left & right , losing and regaining balance a few times before clashing onto the side area of my car



**SINGAPORE
POLICE FORCE**



T/20180317/7013

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Report No. T/20180317/7013

CONTINUATION OF REPORT

bonnet.

Traffic Police was called to the spot and particulars were exchanged , no ambulance was needed. When myself , the motorcyclist and his pillion reached the bike workshop we were however advised to make a police report for any insurance claims and also because the accident involve foreign vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



