

## 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 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 Report	20/10/2018 16:32
Date Of Accident	14/01/2018 15:00
Exact Location Of Accident	BISHAN PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2950S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG PIANG TENG
NRIC No	S1669579C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98798478
Alternative Phone No	OTHERS-98798478

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT
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
If No, Please state action to be taken	REPORTING ONLY
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 29054457 QMY
Cover Note Number	

### Driver

Name of Driver	CHONG PIANG TENG
NRIC No	S1669579C
Date Of Birth	01/04/1964
Occupation	INDOOR
Date Of Driving Pass	19/08/1991
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98798478
Fax Number	
Contact Number	OTHERS-98798478
E-Mail Address	NOEMAIL

Address	BLK 450G TAMPINES STREET 42 #05-374
Postcode	527450
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
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)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180620/2031

### 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	FBL7855S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

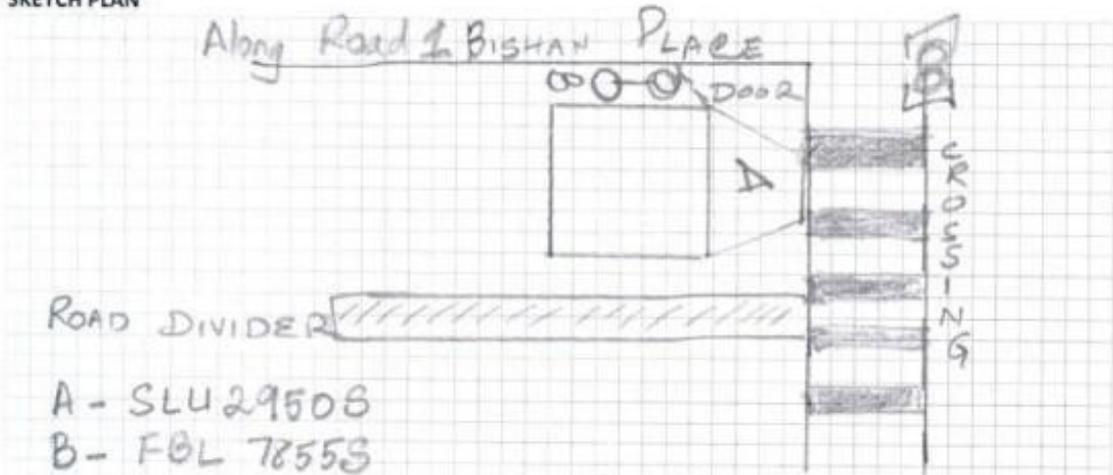
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
23/10/2018

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report: T/20180620/2021

On the above 14 Jan 2018 at about 1500 hr, I was travelling along Bishan Place in my car SLU 29508. I stopped at the pedestrian crossing between Junction 8 and Bishan bus interchange. The traffic signal light is red so I waited for the pedestrian to cross. Meanwhile my colleague was finding her phone cable, my car door was open when suddenly a bike rider (FBL 78558) came from the back and try to squeeze through on the left passenger side and gently touch the inside of left front door. Due to his sudden braking he slowly fell on his left on the grass patch. After which, my colleague and I approach the rider to check on him. He seems to be fine with no visible injury. My colleague passed the contact detail to the rider as she was worried for him. It is a one lane road so that I cannot let my car to stay on the single lane too long as it is obstructing other cars. So my colleague stayed with the rider while I drove to nearby carpark to park my car and came back to the accident place, the rider was able to walk normally. He seemed

unhurt. I saw him walking back from the shopping mall toilet back to his bike.

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

23/10/2018

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

Sketch Plan #3

(2 of 3)

T/20180620/2031

Driver			
Name	CHONG PIANG TENG		ID No. S1669579C
Related Vehicle	NIL		Contact No. 98798478
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.**

ON THE ABOVE MENTIONED DATE & LOCATION @ ABOUT 1500HRS,

I WAS DRIVING MY CAR (SLU2950S) ALONG BISHAN PLACE. I STOPPED AT THE PEDESTRIAN CROSSING BETWEEN JUNCTION 8 AND THE BUS INTERCHANGE. IT WAS A RED LIGHT SIGNAL SO I WAITED FOR THE PEDESTRIANS TO CROSS, MEANWHILE MY COLLEAGUE WAS FINDING FOR HER PHONE CABLE. SHE OPENED MY CAR DOOR WHEN SUDDENLY A BIKE RIDER CAME FROM THE BACK, TRIED TO SQUEEZE THROUGH AND HIT INTO MY CAR'S DOOR. IT WAS A SLIGHT HIT AND HE FELL OFF FROM HIS BIKE.

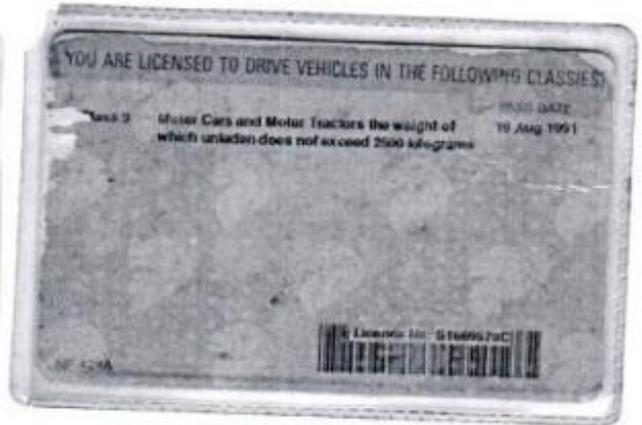
AFTER THE HIT, MY COLLEAGUE AND I APPROACHED THE RIDER TO CHECK ON HIM. HE WAS FINE AND HAD NO MAJOR INJURIES. MY COLLEAGUE PASSED HER CONTACT DETAILS TO THE RIDER AND SHE WAS WORRIED FOR HIM. ITS A ONE LANE ROAD SO I COULDN'T LEAVE MY CAR TOO LONG, AS IT MIGHT CREATE A JAM SO MY COLLEAGUE STAYED WITH THE RIDER AS I WENT TO A CARPARK NEARBY TO PARK MY CAR AND CAME BACK TO THE ACCIDENT PLACE

THE RIDER WAS WALKING NORMALLY. HE SEEMS VERY FINE. WE LEFT THE PLACE AFTER THAT.

FEW DAYS BACK, MY COLLEAGUE RECEIVED CALLS FROM THE RIDER, HE WAS CLAIMING THAT HE WAS UNDER 14 DAYS OF MEDICAL LEAVE AND HE WANTS COMPENSATION.

THATS ALL

Sketch Plan #4



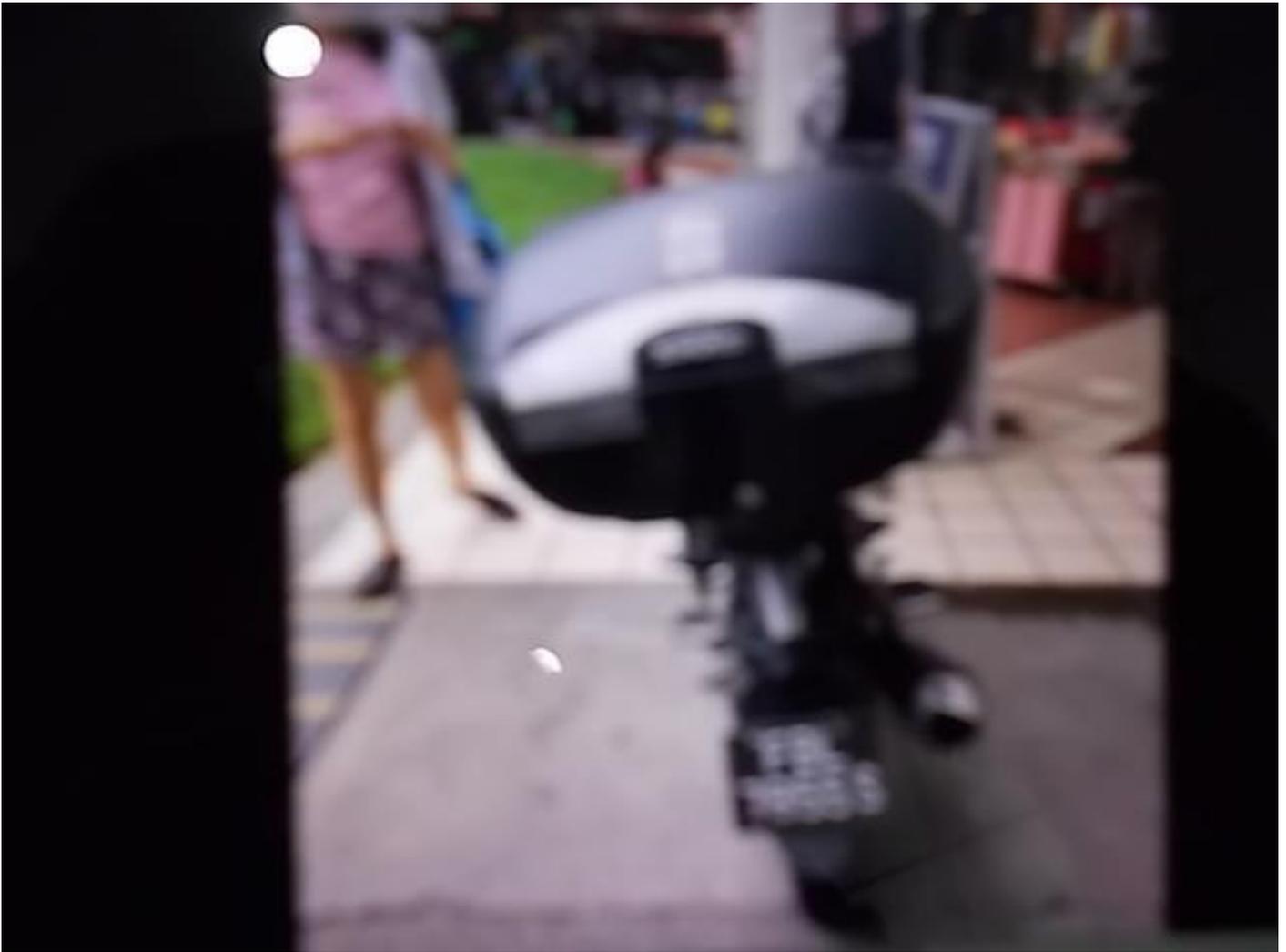
Accident Photo



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Accident Photo



**Accident Photo**



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Accident Photo



Accident Photo



Accident Photo





Police Report

(2 of 3)

T/20180620/2031

Driver			
Name	CHONG PIANG TENG	ID No.	S1669579C
Related Vehicle	NIL	Contact No.	98798478
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.**

ON THE ABOVE MENTIONED DATE & LOCATION @ ABOUT 1500HRS,

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THATS ALL

Police Report



SINGAPORE  
POLICE FORCE



T/20180620/2031

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

3 of 3

Report No. T/20180620/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/06/2018 12:07

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

Authentication Stamp



SINGAPORE  
POLICE FORCE