

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	26/04/2019 12:45
Date Of Accident	25/04/2019 20:35
Exact Location Of Accident	11JALAN TAN TOCK SENG HOSPITAL/S308433/AMBULANCBAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS3335J
Insured/Policyholder	
Name Of Registered Owner	UNISTRONG TECHNOLOGY (S) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96612381
Alternative Phone No	OFFICE-96612381

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29083609 MKF
Cover Note Number	

Driver

Name of Driver	CHAN TECK SIANG (ZENG DEXIANG)
NRIC No	S8420790Z
Date Of Birth	26/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96612381
Fax Number	
Contact Number	OTHERS-96612381
EEmail Address	NOEMAIL

Address	BLK 658 HOUGANG AVENUE 8 #12-439
Postcode	530658
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : E/20190426/7002

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX512L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT

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

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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.
- (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.



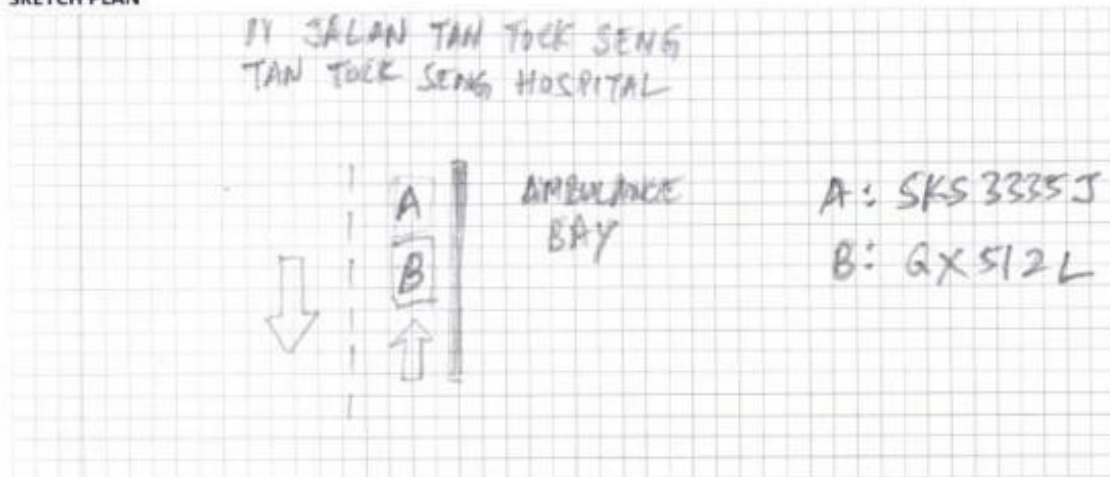
Policyholder's Signature
Date & Time:


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


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
E/20190426/7002

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:

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

SPS/MS/SPS/SPS/SPS/SPS



E/2019/426/7002

1 of 1

Report No. E/20190426/7002

Date/Time Report Made 26/04/2019 00:13	Vide Report No.	Station Diary No.
Name Of Informant CHAN TECK SIANG	Address APT BLK 658 HOUGANG AVENUE 8 #12-439 SINGAPORE 530658	
ID Type / ID No. NRIC NO / S8420790Z	Contact No. Home/Office: Mobile: 96612381	
Nationality SINGAPORE CITIZEN	Email Address the_utensils@hotmail.com	
Occupation Ambulance driver	Sex Male	Age 34
Institution/School Name	Date of Birth 26/07/1984	Race Chinese
Date/Time Of Incident 25/04/2019 20:35 - 25/04/2019 20:35	Location Of Incident 11 JALAN TAN TOCK SENG TAN TOCK SENG HOSPITAL SINGAPORE 308433	

I reversed the vehicle I was driving, SKS 3335J, into the front bumper of a police vehicle, QX 512L. As a result of the collision, the police vehicle's front license plate holder got cracked and came loose. The front bumper of the police vehicle sustained some scratches and a crack. The vehicle that I was driving sustained some cracks and scratches to the rear step.

Classification Of Case:

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Sketch Plan #4

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8420790Z



Name
**CHAN TECK SIANG
(ZENG DEXIANG)**

Race
CHINESE

Date of birth
26-07-1984

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8420790Z**

Name
**CHAN TECK SIANG
(ZENG DEXIANG)**

Birth Date **26 Jul 1984**

Issue Date **01 Jun 2009**



5707478



NRIC No. **S8420790Z**



Date of issue
28-02-2017

Address
**APT BLK 658 HOUGANG AVENUE 8
#12-439
SINGAPORE 530658**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Vehicle	Valid Until
Class 2B	Motorcycles <= 200 CC	09 Feb 2012
Class 2A	Motorcycles between 201 CC and 400 CC	07 Apr 2017
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg	01 Jun 2010

S / No. 9000239534

S8420790Z

License No. S8420790Z



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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