

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	11/06/2019 17:01
Date Of Accident	10/06/2019 17:00
Exact Location Of Accident	DEFU AVE 1 JUNC WITH DEFU LANE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8137B
Insured/Policyholder	
Name Of Registered Owner	CHOP HENG LONG INTERIOR DESIGN & RENOVATION
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63431449

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29102693 MKC
Cover Note Number	-

Driver

Name of Driver	TAY YI QIAN
NRIC No	S9228600B
Date Of Birth	17/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96323845
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 656 WOODLANDS RING ROAD #10-348
Postcode	730656
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	SIDE SWIPE
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?	
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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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)

Accident Sketch Plan

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.

兴隆号室内设计装修
CHOP HENG LONG INTERIOR DESIGN & RENOVATION
81K 32 Defu Lane 10 #01-32
Singapore 539213

Tel: 6343 1400 Fax: 6343 1409
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.:

Accident Sketch Plan

SKETCH PLAN

Defu Lane 7

Defu Ave 1

A= 686.8137 B.
B= Unknown.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

I/We declare the foregoing particulars:
 兴隆号室内设计及装修
 CHOP HENG LONG INTERIOR DESIGN & RENOVATION
 Blk 32 Defu Lane 10 #01-32
 Policyholder's Signature
 Tel: 6343 1409 6343 1439 Fax: 6343 1409
 Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20190610/7041

1 of 2

POLICE REPORT (NP299)

Report No. L/20190610/7041

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 10/06/2019 20:32	Vide Report No.	Station Diary No.
Name Of Informant TAY YI QIAN	Address 656 WOODLANDS RING ROAD #10-348 SINGAPORE 730656	
ID Type / ID No. NRIC NO / S9228600B	Contact No. Home/Office:	Mobile: 96323845
Nationality SINGAPORE CITIZEN	Email Address YIQIAN_92@HOTMAIL.COM	
Occupation Carpenter	Sex Male	Age 26
Institution/School Name	Date of Birth 17/08/1992	Race Chinese
Date/Time Of Incident 10/06/2019 16:44 - 10/06/2019 17:20	Location Of Incident DEFU LANE 7	

Brief details.

I was driving along the inner lane of Defu lane 7 heading towards TPE in GBG8137B. When suddenly i heard a loud zoom and boom and i saw a motorbike and rider whoosh past me and skid towards the opposite lane. I realised i was hit and i kind of zoned out for a second. I drove towards the motor cyclist but quickly realised i shouldn't have done that and left the vehicle to go check on the motorcyclist. He was sitting on the ground dazed, i helped him to the side of the road and called 999. We sat there waiting for the ambulance, there were two other drivers who stopped to offer help and some water. After the ambulance came and the TP officer did his thing and we left the scene.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2019 20:32
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



SINGAPORE
POLICE FORCE



L/20190610/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190610/7041

Subjects Involved			
Victim			
Person Name	F/20190610/0120		
Gender	Male	Age	35
Race	Chinese	Occupation	Macdonald food delivery guy
Relation To Informant	stranger		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2019 20:32
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119076243 Vehicle Registration No: GBG8137B
Name(as shown in NRIC) : CHOP HENG LONG INTERIOR DESIGN & RENOVATION
NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96323845
Email Address : _____
Date of Accident : 10/06/2019 Time of Accident : 17:00
Place of Accident : DEFU AVE 1 JUNC WITH DEFU LANE 7
Insurance Company : MSIG Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND REVERT FROM REPORTING TO OD CLAIMS

兴隆号室内设计与装修
CHOP HENG LONG INTERIOR DESIGN & RENOVATION
Blk 32 Defu Lane 10 #01-32
Singapore 530213
Tel: 6343 1449, 6343 1439 Fax: 6343 1409

Policyholder / Driver's Signature

Date: 13/6/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 13/6/19.