

## 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	23/07/2019 15:40
Date Of Accident	22/07/2019 12:45
Exact Location Of Accident	CTE NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3780H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	DINESHVG@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-92265606
Alternative Phone No	OFFICE-92265606

### Vehicle Particulars

Manufacturer	BMW
Model	X1
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B29100055MCY
Cover Note Number	

### Driver

Name of Driver	DINESH VISVA GUNASEKERAN
NRIC No	S9239040C
Date Of Birth	20/10/1992
Occupation	INDOOR
Date Of Driving Pass	12/12/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92265606
Fax Number	
Contact Number	
EEmail Address	DINESHVG@HOTMAIL.SG

Address	134 BISHAN STREET 12 #04-165
Postcode	570134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASE
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?	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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 50 SERANGOON AVE 2 #01-02 , <b>POSTCODE:</b> 556129 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4880999 - <b>FAX NO:</b> 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### 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	SLV2359U
Vehicle Make/Model/Colour	VOLKSWAGEN CADDY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIA TING CHI
NRIC/Passport Number	G7674015T
Contact Number	87680701
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	RIGHT

No. Of Passenger (Including Driver)

1

**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: 23/7/2019  
1300h

Driver's Signature

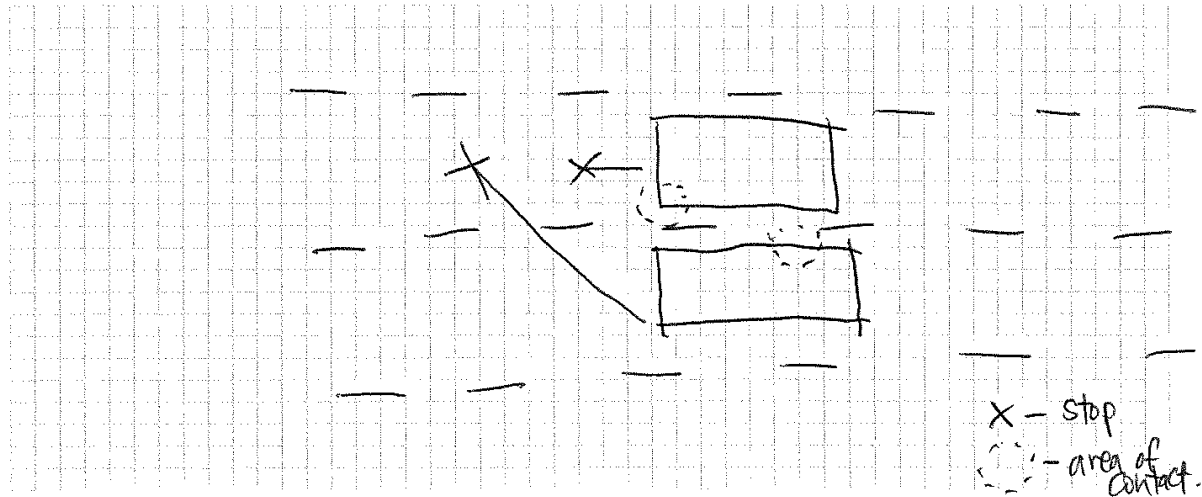
(If driver is not the policyholder)  
Date & Time: 23/7/2019  
1300h.

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

GARY FUN CHAI HOON  
Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving on 3rd lane in CTE when adjacent car in 2nd lane suddenly & swerved into 3rd lane with right side indicator on. Jam braked to try and avoid collision but the other car continued to speed past before jam breaking. It was a bright, clear day with light traffic.

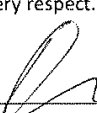
DECLARATION

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

  
Policyholder's Signature

Date & Time: 23/7/19

1300h

  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 23/7/19

1300h.

GARY POLICE  
Performance & Safety  
303 Alexandra Road  
Sine Darby Performance Centre  
Nairobi 00100

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/7/19



**SINGAPORE  
POLICE FORCE**



T/20190722/2152

1 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20190722/2152

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/07/2019 19:09	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars				
Name of Informant: DINESH VISVA GUNASEKERAN			Address: APT BLK 134 BISHAN STREET 12 #04-165 SINGAPORE 570134	
ID Type / ID No.: NRIC NO / S9239040C			Contact No.: Home/Office: Mobile: 92265606	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 20/10/1992	Type of Informant: Driver	
Race: Ceylonese			Language:	Institution / School Name:
Occupation: doctor			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2019 12:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  On the 3rd lane after the Entrance to Braddell Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV2359U	Van	BMW	X1 SDRIVE18i LED NAV	Black	Slightly Damaged	1
SLZ3780H	Car	VOLKSWAGO N	CADDY 1.4 TSI AT SABHK5	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20190722/2152

2 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20190722/2152

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ3780H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	B29100055MCY	01/10/2018	30/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	CHIA TING CHI		ID No.	G7674015f
Related Vehicle	SLV2359U (Van)		Contact No.	87680701
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
<b>Driver</b>				
Name	DINESH VISVA GUNASEKERAN		ID No.	S9239040C
Related Vehicle	SLZ3780H (Car)		Contact No.	92265606
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 22/07/2019 at about 1245hrs, I was driving my vehicle (SLZ3780H) along CTE after entrance to braddell road. At the point of time, I was driving on the 3rd lane and there was a van(SLV2359U) that was on my left side. Suddenly the driver of the van signal his intention to the right and he immediately changed his lane. I then tried to jammed break to avoid the collision, however I could not stop in time and the van sped forward and his right side collided onto the left side of my vehicle. Both of us got out of the vehicle, exchange particulars, took photos of the damages and left the scene. I would like to state that I do not have any inbuilt cctv inside my vehicle. I was advice by my insurance company to lodge a traffic accident report thus, I am lodging this report for my insurance company.



**SINGAPORE  
POLICE FORCE**



T/20190722/2152

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

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Report No. T/20190722/2152

## 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:

F /

Sgt 3 LEE SHENG XIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

22/07/2019 19:09

Classification Of Case:



Accident Photo



### Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

