# 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 witholding 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 | 14/11/2019 17:43 |
| Date Of Accident | 14/11/2019 13:55 |
| Exact Location Of Accident | SENGKANG SQUARE CC CARPARK |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | FU693T |
| **Insured/Policyholder** | |
| Name Of Registered Owner | SEAH REN JIE, JERALD |
| NRIC No | S9832651J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81381779 |
| Alternative Phone No | OFFICE-81381779 |
| **Vehicle Particulars** | |
| Manufacturer | KAWASAKI |
| Model | KRRZX150 |
| 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 | MOTORCYCLE |
| **Insurance Company** | |
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | MSD/VMT/19-405793-CA |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | SEAH REN JIE, JERALD |
| NRIC No | S9832651J |
| Date Of Birth | 06/10/1998 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/10/2017 |
| Driving Experience | 2 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81381779 |
| Fax Number | |
| Contact Number | OFFICE-81381779 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 671 HOUGANG AVENUE 8<br>#10-705 |
| Postcode | 530671 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

**Details of Police Action**

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes,Please state which Police Station | |
| Police Station Name | SENGKANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | **ROAD**: 2 SENGKANG SQUARE #01-02 SINGAPORE , **POSTCODE:** 545025 , **COUNTRY**: SINGAPORE |
| Police Station Contact | **TEL NO**: 1800 - 3438999 - **FAX NO**: |
| Was notice of intended Prosecution given? | NO |
| If Yes,against whom? | |

**Circumstances of Accident**

REFER TO POLICE REPORT - T/20191114/2086.

**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 | 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)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. The 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 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:

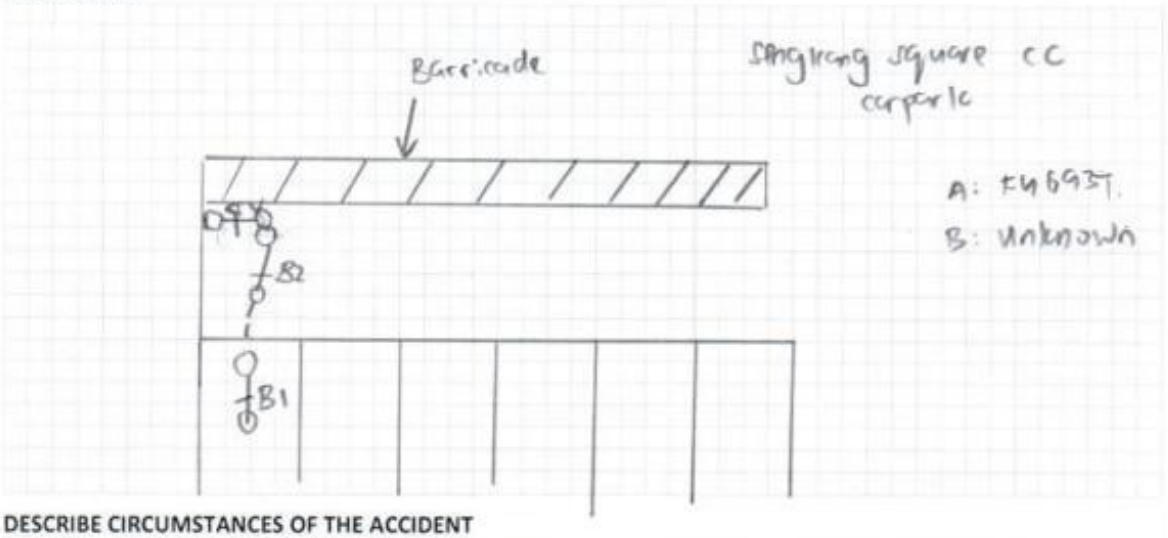
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

| | | |
|---|---|---|
| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |

## Accident Sketch Plan

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report - T/2019111/4/2086.

**DECLARATION**

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

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

SINGAPORE POLICE FORCE

T/20191114/2086



Report No. T/20191114/2086

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 14/11/2019 14:52 | | 96 |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>SEAH REN JIE, JERALD | | | Address:<br>APT BLK 671 HOUGANG AVENUE 8 #10-705 SINGAPORE 530671 | |
| ID Type / ID No.:<br>NRIC NO / S9832651J | | | Contact No.:<br>Home/Office: Mobile: 81381779 | |
| Nationality:<br>SINGAPORE CITIZEN | | | Email: | |
| Sex:<br>Male | Age:<br>21 | Date of Birth:<br>06/10/1998 | Type of Informant:<br>Driver | |
| Race:<br>Chinese | | | Language:<br>English | Institution / School Name: |
| Occupation:<br>NSF (SCDF) | | | Driving Licence Information:<br>Class: 2B | Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Non-Injury<br>Hit and Run | Drink Drive:<br>No | Date/Time of Accident:<br>14/11/2019 13:55 | Type of Location:<br>Car Park |
|---|---|---|---|---|
| Location:<br>Along Road 1<br>SENGKANG SQUARE<br><br>MOTORCYCLE LOT | | | | |
| Weather:<br>Clear | | Road Surface:<br>Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| FU693T | Motorcycle | KAWASAKI | KRRZX150 | Black | Slightly Damaged | 0 |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|---|---|---|---|---|
| FU693T | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 72211210 | 30/10/2019 | 29/10/2020 |

SINGAPORE POLICE FORCE

T/20191114/2086

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999



Report No. T/20191114/2086

**CONTINUATION OF REPORT**

| **Details of Person Involved** | | | |
|---|---|---|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SEAH REN JIE, JERALD | ID No. | S9832651J |
| Related Vehicle | FU693T (Motorcycle) | Contact No. | 81381779 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

**Brief Details.**

On 14/11/2019 at about 1340hrs, I parked my motorcycle, vehicle number: FU693T, at the motorcycle parking area just behind Sengkang CC. There were many other motorcycles, and I did not park at the corner of the area, which was not a lot.

At about 1355hrs, I came back to my motorcycle, and found out that my motorcycle was toppled and was on the ground. I picked it up and discovered that there were scratches on the right side of my motorcycle. There were also yellow paint marks, resulted by the motorcycle got hit by the yellow barriers at the side of the motorcycle parking area.

There was a CCTV at Sengkang CC. I am not sure if it was focused to the area where my motorcycle was parked.

SINGAPORE POLICE FORCE

T/20191114/2086



Report No. T/20191114/2086

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999

**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:<br>F /<br>Staff Sgt NORASHIKIN BINTE KAMSANI | Signature Of Informant: |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>14/11/2019 14:52 |
| Officer In Charge Of Case:<br>TP / HRT /<br>SI KALESWARI PALANI<br>Contact No.: 65476902 | Classification Of Case: |

Authentication Stamp
NP168

**Accident Photo**

**Accident Photo**

**Accident Photo**

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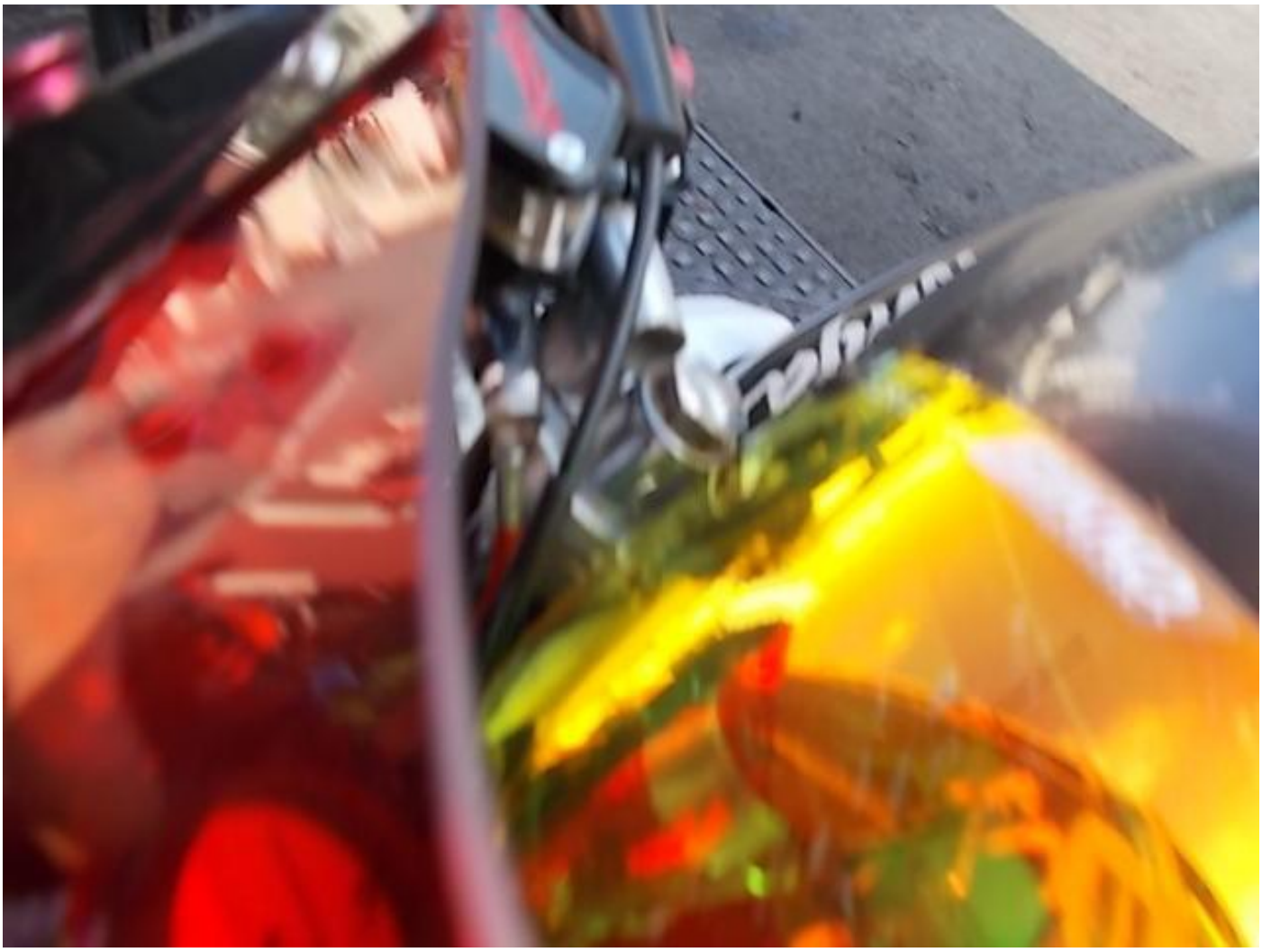

**Accident Photo**

**Accident Photo**

**Accident Photo**

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**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: S66SS0020G / 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 : MNA119150886 Vehicle Registration No: FU693T

Name(as shown in NRIC) : SEAH REN JIE, JERALD NRIC/FIN/Passport No : S9832651J

(~~*Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 671 HOUGANG AVENUE 8 #10-705 Singapore(530671 )

Contact (Tel) : Mobile No. : 81381779

Email Address :

Date of Accident : 14/11/2019 Time of Accident : 13:55

Place of Accident : SENGKANG SQUARE CC CARPARK

Insurance Company : MSIG Insurance (Singapore) Pte. Ltd.

**(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 polcy number

Policyholder / Driver's Signature
Date:

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