

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please read and sign this form by the driver of the vehicle to speed up the claims process.
2. This form is to be filled out 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 reject the policy claim.
4. The use and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any late 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 to the police.

### ACCIDENT STATEMENT

Date Of Report 13/04/2020 12:24  
Date Of Accident 03/04/2020 20:40  
Exact Location Of Accident SIMS AVE  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN2818Y  
**Insured/Policyholder**  
Name Of Registered Owner CHIA PEI LENG SHARON  
NRIC No SXXXX821I  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-98185804  
Alternative Phone No OFFICE-98185804

### Vehicle Particulars

Manufacturer YAMAHA  
Model YAMAHA 155  
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? YES

If No, Please state action to be taken

Vehicle Category MOTORCYCLE

### Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 60873400  
Cover Note Number

### Driver

Name of Driver CHIA PEI LENG SHARON  
NRIC No SXXXX821I  
Date Of Birth 03/11/1982  
Occupation OUTDOOR  
Date Of Driving Pass 05/02/2005  
Driving Experience 15 YEARS AND 1 MONTH  
Gender FEMALE  
Mobile Number (LOCAL) +65-98185804  
Fax Number  
Contact Number OFFICE-98185804  
Email Address NOEMAIL

Address

BLK 313A SUMANG LINK #08-117

Postcode

821313

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

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: : PAVITRAN SUNDRAN

GENDER: : MALE

### Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

TRAFFIC POLICE 10 UBI AVE 3

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

REFER TO THE ATTACHED

### 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

SMF1562C

Vehicle Make/Model/Colour

BMW RED

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Persons (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHIA PEI LENG SHARON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBN2818Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### 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 willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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  
Date & Time

13/4/20  
10:20am

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

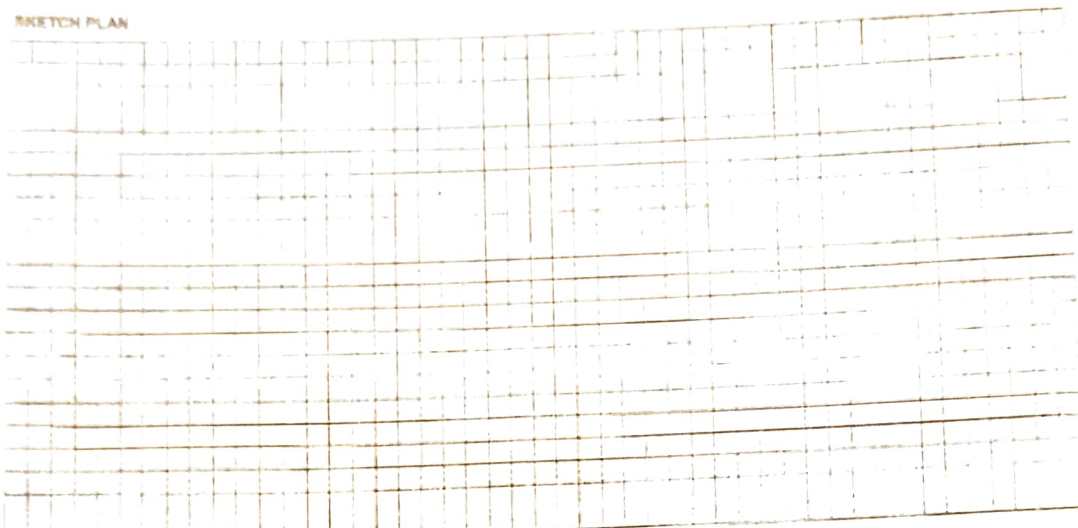
Reporting Centre Personnel's

Name: 13/4/20  
NRIC/FIN No.: 1030AM



# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE refer to the police report and attached copy  
Report No. T/20200406/7049

## DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature  
Date & Time

13/4/20  
10 AM

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

Reporting Centre Personnel's

Name:

NRIC/FIN No.

13/4/20  
1030 AM

# Accident Sketch Plan

Police Station Of Origin:  
Traffic Police  
10 Ulu Avenue 3 SINGAPORE 408865  
Tel No. 65470000

Report No. T/20200406/7049

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2020 23:28		Vide Report No.: G/20200403/0231		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHIA PEI LENG, SHARON			Address: APT BLK 313A SUMANG LINK #08-117 SINGAPORE 821313		
ID Type / ID No.: NRIC NO / S82378211			Contact No.: Home/Office:		Mobile: 98185804
Nationality: SINGAPORE CITIZEN			Email: mkbirdmobile@gmail.com		
Sex: Female	Age: 37	Date of Birth: 03/11/1982	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Certis cisco enforcement officer			Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 03/04/2020 20:40	Type of Location: Straight Road
Location: Sims Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBN2818Y	Motorcycle	YAMAHA	GDR155A (AEROX)	Blue		1
SMF1562C	Car	BMW		Red		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN2818Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60873400	03/09/2019	02/09/2020

## Accident Sketch Plan



**POLICE FORCE**

T/20200408/7049

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

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Report No. T/20200406/7049

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CHIA PEI LENG, SHARON	ID No.	S82378211
Related Vehicle	FBN2818Y (Motorcycle)	Contact No.	98185804
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/04/2020	Date Discharge	06/04/2020
No. of Days granted Medical Leave	16	Degree of Injury	Slight

### Brief Details.

I was travelling on Sims Ave towards paya lebar with my pillion rider. I was riding on the 2nd lane on the right which is a straight arrow road. Out of a sudden, a red BMW SMF1562C on my left which is also on a straight arrow road was trying to cut across to his right to make a right turn, which is where the collision happened. I was injured in the process and ambulance and traffic police was called in. I have a few pictures which was send to me passerby.



Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**

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



T/20200406/7049

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Report No. T/20200406/7049

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
06/04/2020 23:28

Classification Of Case: