### 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	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
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ3780H
Insured/Policyholder	
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** 

**EMail 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

)

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

2

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?

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4880999 - **FAX NO**: 64883561

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **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

#### **SKETCH PLAN**

#### **IMPORTANT NOTICE**

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- 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)

Lunderstand, 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
- 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.
- 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

Driver's Signature

(If driver is not the policyholder)

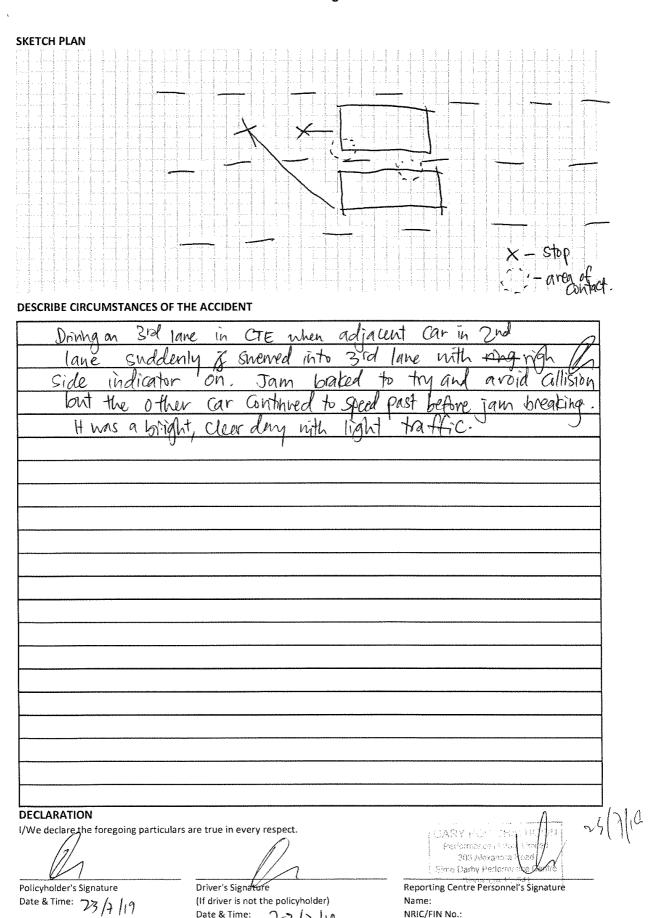
Date & Time: 23/7/2019

Reporting Centre Personnel's Signature

GARY FUR CHAIROON Performance Motory Limited 303 Alexandra Sime Darby Pe Singapo

Name:

NRIC/FIN No.:



Date & Time:

14 7 14 17 Walleton 1 304 h

23/7/19

130th.

NRIC/FIN No.:





Police Station Of Origin:

Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

T/20190722/2152		

1 of 3 Report No. T/20190722/2152

Date/Time Report Made: 22/07/2019 19:09			Vide Report No.:	Station Diary No.: 92		
Informan	t's Particu	ılars				
Name of I DINESH \		NASEKERAN	Address: APT BLK 134 BISHAN ST 570134	REET 12 #04-165 SINGAPORE		
ID Type / NRIC NO		40C	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 Informatio Class: 3A	n: Date of Expiry:		

- WHO HE HELDER	nation of the Accider		T	
Type of	Non-Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location:
Accident:	Others	No.	22/07/2019 12:45	Straight Road
Location: Along Road 1 CENTRAL EX	PRESSWAY	o Braddell Rd		
Weather:	ic after the Entrance t	Road Surface:		Road Speed Limit:
Clear		Dry		
The state of the s		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis				Anyone conveyed by
Between Mov	ing Vehicles - Side Sv	vipe - Same Direction		ambulance:
				No

Service and the service of the servi	<u>ehiclə İnvolved</u>	4 GAGGET VERDAGEN STREET STREET	Taxan da Santa da S		Lugari Salambakan da sanggan	
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 Effe	ctive Expiry Date



Details of Vehicle Insurance

PTE. LTD.



01/10/2018

2 of 3

30/09/2019

Report No. T/20190722/2152

Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

Insurance Company

MSIG INSURANCE (SINGAPORE)

CONTINUATION OF REPORT

Tel No: 1800-4880999

Vehicle No.

SLZ3780H

	100		
1			(Marie)
Insurance No	Effection	/e   E)	cpiry Date

B29100055MCY

<b>Details of Perso</b>	n Involved					
Any Pedestrian Ir	volved: No	······				
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian	Cross	ing: NA
Driver						
Name	CHIA TING CHI			ID No.		G7674015T
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 Disch	narge	NIL	
No. of Days granted Medical Leave NIL		Degree of	Injury	NIL		
Driver						
Name	DINESH VISVA GUN	ASEKERAN		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			Date Disc	harge	NIL	
No. of Days gran	ted 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.





Police Station Of Origin:
Serangoon N P C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

Report No. T/20190722/2152

3 of 3

Tel No: 1800-4880999

## 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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 19:09
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI	Classification Of Case:
Authentication Stamp NP168 Signature:	
Gingapore Police Force	





