

# 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 Submission ..... 05/02/2021 17:57 (SGT)  
Date of Accident ..... 04/02/2021 19:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG ANG MO KIO AVE 05  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBK2886R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN YAN SHENG MOSES(CHEN YANSHENG)  
NRIC No ..... SXXXX516J  
Email Address ..... 90mosestan@gmail.com  
Mobile Phone No ..... (Phone) +65-98555509  
Alternative Phone No ..... +65-98555509

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... YAMAHA / JUPITER MX (HC)  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Motorcycle

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MSD/VMT/20-510285-WTT  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN YAN SHENG MOSES(CHEN YANSHENG)  
NRIC No ..... SXXXX516J  
Date Of Birth ..... 14/08/1990  
Occupation ..... Indoor

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass .....   | 17/05/2019                       |
| Driving experience .....   | 1 YEAR AND 9 MONTHS              |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-98555509             |
| Alt. Phone Number .....  | +65-98555509                     |
| Email Address .....  | 90mosestan@gmail.com             |
| Address .....  | BLK 117 BUKIT MERAH VIEW #10-189 |
| Address complement .....   | -                                |
| Postcode .....   | 151117                           |
| Is the driver the policyholder? .....                              | Yes                              |
| If No, Relationship of the Driver with the Insured .....           | -                                |
| Does Driver Own Other Vehicles? .....                              | No                               |
| Vehicle Registration Number of Other Vehicle Owned by Driver ..... | -                                |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                                |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                          |
|--------------------------|--------------------------|
| Type of Accident .....   | Collision - Head to Rear |
| Weather Conditions ..... | Clear                    |
| Road Surface .....       | Dry                      |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 2   |
| Was anybody injured in the Accident? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |        |
|--------------|--------|
| Name .....   | HAZEL  |
| Gender ..... | Female |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. STOP WAITING FOR TRAFFIC LIGHT TO TURN GREEN. WHILE WAITING THAT IS WHEN VEHICLE SLB7921T UNABLE TO REACT ON TIME AND THUS COLLIDED ONTO MY VEHICLE REAR PORTION.

#### 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 ..... | SLB7921T              |
| Vehicle Manufacturer .....        | Volkswagen            |
| Vehicle Model .....               | VOLKSWAGEN / GOLF GTI |
| Vehicle Variant .....             | -                     |
| Vehicle Colour .....              | -                     |
| Vehicle Category .....            | Private car           |

Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**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 **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 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.
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.

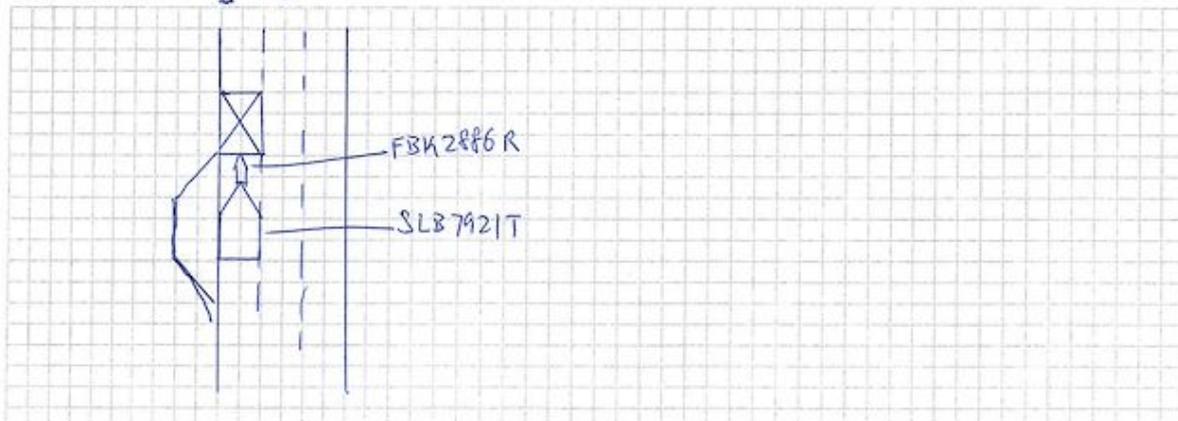
IDAC KAKI BUKIT (VAC)  
 23 Kaki Bukit Ave 4 #02-02  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: vackb@vicom.com.sg

  
 Policyholder's Signature / Date & Time

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

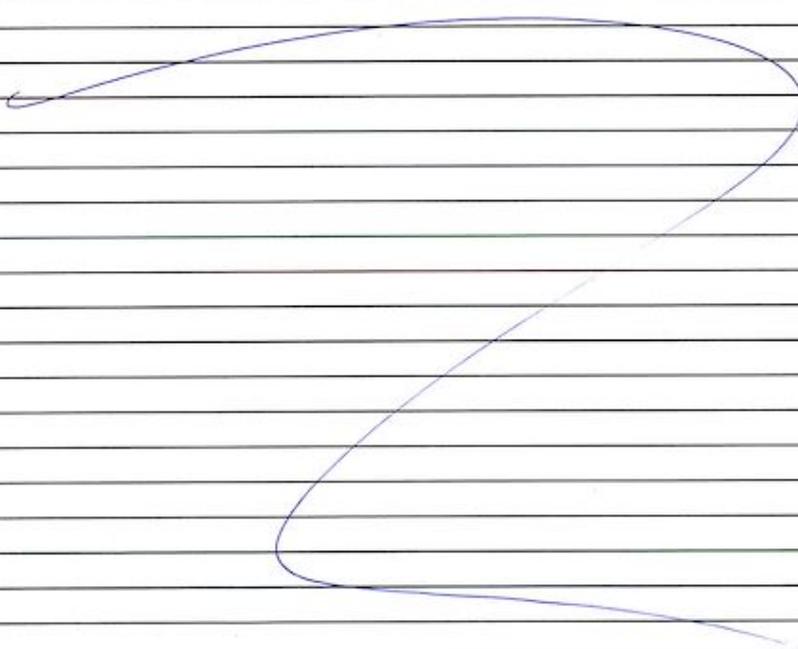
Witnessed by Reporting Centre  
 Personnel 05 FEB 2021

Sketch Plan 



**Describe Circumstances of the Accident**

RP  
Rep's  
l-He



**Declaration**

We declare the foregoing particulars are true in every respect.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

05 FEB 2021















**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: S665500200 / 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 : SV0L21250009 Vehicle Registration No: FBK2886R  
 Name (as shown in NRIC) : TAN YAN SHENG MOSES(CHEN YANSHENG) NRIC/FIN/Passport No : SXXXX516J  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 117 BUKIT MERAH VIEW #10-189 Singapore ( 151117 )  
 Contact (Tel) : - Mobile No. : 98555509  
 Email Address : -  
 Date of Accident : 04/02/2021 Time of Accident : 19:50  
 Place of Accident : ALONG ANG MO KIO AVE 05  
 Insurance Company : MSIG

**(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:

\_\_\_\_\_

UPDATE; CLAIM THIRD PARTY INSURANCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
 Policyholder / Driver's Signature  
 Date: 10.02.2021

IDAC VICOM KAKI BUKIT  
 Reporting Centre Personnel's Signature  
 Name: SITI  
 NRIC/FIN No.:  
 Date: 10.02.2021