

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 Actual 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 01/11/2022 15:12 (SGT)
Reported by Both
Date of Accident 31/10/2022 15:10 (SGT)
Exact Location of Accident Clementi Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ1115D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHI YI LING
NRIC No SXXXX366E
Email Address chiyingling@gmail.com
Mobile Phone No (Phone) +65-96193508
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 Private car
Transmission Auto
CC 1197

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300372824 QMX

DRIVER

Name of Driver CHI YI LING
NRIC No SXXXX366E
Date Of Birth 27/03/1989
Occupation Indoor

Date Of Driving Pass	06/06/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96193508
Alt. Phone Number	-
Email Address	chiyiling@gmail.com
Address	BLK 421 BUKIT BATOK WEST AVENUE 2 #11-153
Address complement	-
Postcode	650421
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20221101/7023

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ8315Z
Vehicle Manufacturer	Subaru
Vehicle Model	Forester

Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXX737F
Contact Number	(Phone) +65-91262617
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	CHI YI LING
Gender	Female
Phone No	(Phone) +65-96193508
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKZ1115D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

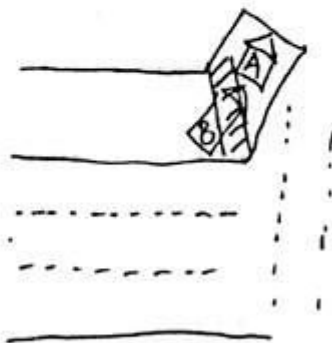
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre 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 submission 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.


Policyholder's Signature Date
& Time


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


Reporting Centre Personnel's Signature
Name
NRIC / EIN No.

SKETCH PLAN



Commonwealth Ave West
toward Jaring West

A: SKZ 1115D
B: SMZ 831SZ

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

1/20221101/7023

DECLARATION

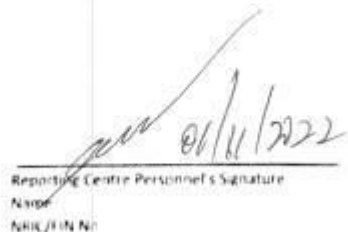
I/We declare the foregoing particulars are true in every respect



Policyholder's Signature Date
& Time



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



Reporting Centre Personnel's Signature
Name
NRIC / ID No



















SINGAPORE POLICE FORCE



T/20221101/7023

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

1 of 3

Report No. T/20221101/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2022 13:12	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHI YI LING			Address: 421 BUKIT BATOK WEST AVENUE 2 #11-153 SINGAPORE 650421	
ID Type / ID No.: NRIC NO / S8910366E			Contact No.: Home/Office: Mobile: 96193508	
Nationality: SINGAPORE CITIZEN			Email: CHIYILING@GMAIL.COM	
Sex: Female	Age: 33	Date of Birth: 27/03/1989	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2022 15:10	Type of Location: Bend
Location: CLEMENTI AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKZ1115D	Car	VOLKSWAGEN	GOLF+A7+1.2+TSI+AT+5G12DZ	Silver	Seriously Damaged	0
SMZ 8315Z	Car	SUBARU	Forster	Red	Slightly Damaged	0


**SINGAPORE
POLICE FORCE**

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



T/20221101/7023

2 of 3

Report No. T/20221101/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ1115D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300372824	11/11/2020	10/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHI YI LING		ID No.	S8910366E
Related Vehicle	SKZ1115D (Car)		Contact No.	96193508
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	31/10/2022		Date	31/10/2022
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	Unknown Driver		ID No.	S7628737F
Related Vehicle	SMZ 8315Z (Car)		Contact No.	91262617
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

On 31-10-2022 at about 1510hours, I was driving at clementi ave 2 turning to commonwealth ave west slip road, before turning left, I was looking for in coming traffic and suddenly I felt an impact from my rear of my vehicle. I came down and check, vehicle smz 8315z hit my rear off my vehicle. After the accident i went to dr chong clinic to see the doctor and given 3 days Mc.

**SINGAPORE
POLICE FORCE**

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



T/20221101/7023

3 of 3

Report No: T/20221101/7023

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
01/11/2022 13:12

Classification Of Case:

NP168