

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	21/01/2023 09:23 (SGT)
Reported by	Both
Date of Accident	19/01/2023 16:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RIDLEY PARK JUNCTION OF TANGLING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9515C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MINISTRY OF FOREIGN AFFAIRS
Company Reg No	T08GA0014A
Email Address	MUHAMAD_FAHMI_CHUPARI@MAF.COM.SG
Mobile Phone No	(Phone) +65-63797813
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-220099824MBP

DRIVER

Name of Driver	LIM TONG CHYE
NRIC No	S1845655I
Date Of Birth	29/04/1954
Occupation	Outdoor

Date Of Driving Pass	19/07/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93628089
Alt. Phone Number	-
Email Address	MUHAMAD_FAHMI_CHUPARI@MAF.COM.SG
Address	BLOCK 552 WOODLANDS DRIVE 44 #10-26
Address complement	-
Postcode	730552
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Major/Minor Rd
Weather Conditions	LIGHT RAIN
Road Surface	Wet

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?	Yes
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL2418D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMMAD HELMI
Contact Number	(Phone) +65-81633035


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

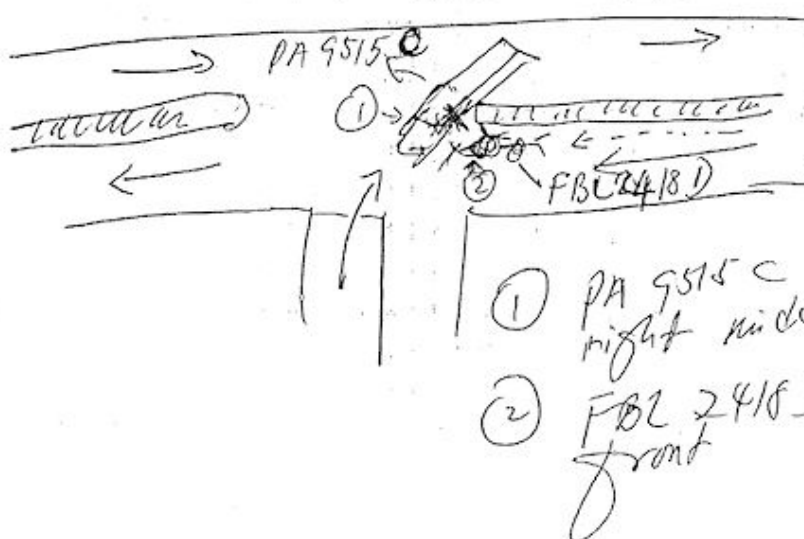
Name of injured person	MUHAMMAD HELMI
Gender	Male
Phone No	(Phone) +65-81633035
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to void the policy.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.
- 6. 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' law firms/firms, the Monetary Authority of Singapore and any relevant government agency/subsidiary (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) administering and/or facilitating the handling of the personal data, statements, invoices, reports or records which which could involve disclosure of certain personal data pursuant to bring about delivery of the same as well as on the external cover of envelopes/packages; and
 - (iii) 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' law firms/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/firms), which may be based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature:  Date: 20/01/23 Time: 1110 hrs

Minister of the Attorney General's Chambers:  Date: _____

Ministry of Foreign Affairs SINGAPORE



On 19/01/23 at I stopped at junction of Ridley Park and Tanglin Road driving Ministry of Foreign Affairs vehicle PA 9515C.

2. When the traffic on both side of Tanglin Road was cleared and a small motorcycle FBL 2418D was a safe distance away on the right side of my vehicle, I inched forward at a slow speed of 10 kmph.

3. As I was almost onto Tanglin Road on the opposite side, I felt a jerk on the right middle part of PA 9515C.

4. FBL 2418D had hit onto the middle part of right side of PA 9515C.

5. FBL 2418D was damaged on the front part only. PA 9515C was damaged on the right middle part of the car after being hit by the front of FBL 2418D.

6. The rider of FBL 2418D told me and passersby he is not injured and declined ambulance.

7. Later the police (Traffic Police) and ambulance arrived. The rider of FBL 2418D who was alone was conveyed to the hospital although he was not seen injured. No blood was seen. No injury was seen on the rider of FBL 2418D.





8. It was drizzling and the road was wet at the time of the accident.

9. No witness forthcoming.

10. That's it.

Declaration

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

Policyholder's Signature:  Date & Time: 
 Official Driver's Signature (if driver is not the policyholder):  Date & Time: 20/01/23 @ 11/10 AM
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): 



vJun2022

2

AUTHORIZATION LETTER

Date: 20/01/2023

To Whom It May Concern:

I Ministry of Foreign Affairs, Company Reg No T08GA0014A

hereby like to authorized LIM TONG CHYE, IC 518456557

to make accident report behalf of company .

Your Sincerely

X [Signature]



Signature / Company Stamp