

# 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 .....	18/05/2023 11:18 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/05/2023 18:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OUTSIDE MARINA SQUARE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJA4610P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ZHUANG JIALIN
NRIC No .....	SXXXX930F
Email Address .....	autohub325@gmail.com
Mobile Phone No .....	(Phone) +65-96438438
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D18MPC0002849_04

### DRIVER

Name of Driver .....	MORGAN CHNG KWEE LIM ( ZHUANG GUILIN )
NRIC No .....	SXXXX389I
Date Of Birth .....	23/11/1980
Occupation .....	Indoor

Date Of Driving Pass .....	16/10/2002
Driving experience .....	20 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96438438
Alt. Phone Number .....	-
Email Address .....	autohub325@gmail.com
Address .....	647 EAST COAST ROAD
Address complement .....	-
Postcode .....	459033
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Side Swipe
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	DAUGHTER
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

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	FILE TOO BIG , WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY5850R
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHONG KOK KIEN
Passport No/FIN .....	GXXXX098K
Contact Number .....	(Phone) +65-88142984
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 .....	MORGAN CHNG KWEE LIM ( ZHUANG GUILIN )
Gender .....	Male
Phone No .....	(Phone) +65-96438438
Address .....	647 EAST COAST ROAD
Address Complement .....	-
Post Code .....	459033
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & SHOULDER
Injured person in which vehicle? .....	SJA4610P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

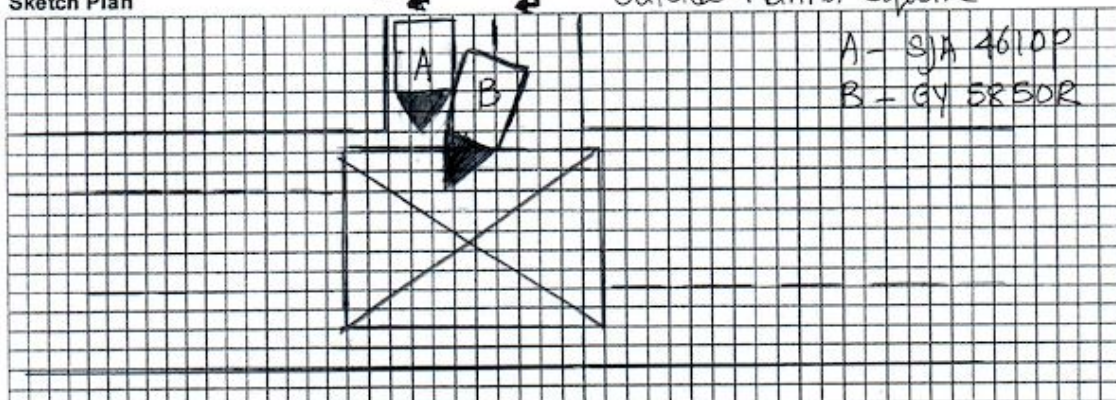
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstance of the Accident

please Refer to the attached  
statement

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NR/CID card)

WJH 2022

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## ACCIDENT LOCATION : OUTSIDE MARINA SQUARE

On the above stated date and time, I was outside Marina Square. , At the side road which is the exit from Marina Square carpark onto the main road (Raffles Blvd). Pan Pacific Hotel is directly across the road. There are two lanes in this side road.

I stopped at the exit juncture to wait for the traffic in the main road (Raffles Blvd) to clear.

My car (SJA4610P) was in the right lane. My car was stationary.

Suddenly, a delivery vehicle with vehicle plate GY5850R (hereafter "lorry") which was in the left lane drove forward and turned right into my lane. The lorry ate into my lane and smashed into the front left side of my stationary car.

The lorry was in the left lane of the side road and wanted to turn right onto the main road (Raffles Blvd). But the lorry did not check his blind spot and drove into my lane causing the collision.

It must be highlighted that my red car was stationary throughout the entire incident.

Please see the attached videos and photos taken.

## Key points:

From the videos and photos, it is clear that my red car is inside its own lane. The lorry turned into my lane and drove forward into the yellow box of the main road (Raffles Blvd). My red car is still in its waiting place inside the side road.

The long and deep scratch marks (see photos) on the side of the lorry also prove that the lorry drove forward after the collision. Hence resulting in deep and long scratch marks on the right side of the lorry.

The lorry is the one that moved into the lane of my stationary red car.

Furthermore, the lorry driver admitted that he only checked his left side for incoming traffic and did not check the right side when he was turning right onto the main road. Hence he drove into my lane and smashed into my car. He further admitted that my red car was in his "blindspot".

It must be noted that the entire incident is captured by the CCTVs of Marina Square. I saw a few CCTVs around the area. The CCTVs will verify that everything I said above is true and accurate.

A- SJA 4610P  
B- GY5850R



18/5/2023























