

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 First Submission	08/08/2024 16:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/08/2024 14:38 (SGT)
Exact Location of Accident	River Valley Rd, Singapore
Additional Location Information	SLIP ROAD TO KIM SENG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2045Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PANG ENG HIANG
NRIC No	S1778466H
Email Address	AVERAPANG@GMAIL.COM
Mobile Phone No	(Phone) +65-96683057
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
Variant	D2
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	1560
Vehicle Fuel	-
First Registration Date	27/05/2015
Chassis no	YV1FS84ABF2359778
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	D300130491QMY

Name of Driver	PANG ENG HIANG
NRIC No	S1778466H
Date Of Birth	28/10/1966
Occupation	Indoor
Driving Pass Date	25/10/1990
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96683057
Alt. Phone Number	-
Email Address	AVERAPANG@GMAIL.COM
Address	70 WESTWOOD AVENUE
Address complement	-
Postcode	648392
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)	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	HO ENG WAH
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

ON 07/08/2024 @ AROUND 1438HRS, I STOP MY CAR ALONG RIVER VALLEY RD SLIP ROAD TO KIM SENG ROAD. THERE ARE ON COMING VEHICLE ALONG KIM SENG ROAD SUDDENLY I FELT AN IMPACT ON MY REAR THEN REALISED THAT VEHICLE B HAD COLLIDED ONTO MY REAR PORTION.

ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNN6881U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE SUN JUNG
-	M4373967T
Contact Number	(Phone) +65-84345745
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	PANG ENG HIANG
Gender	Female
Phone No	(Phone) +65-96683057
Address	70 WESTWOOD AVENUE
Address Complement	-
Post Code	648392
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKT2045Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

On 07/08/2024 @ around 1438 hrs, I stop my car along River Valley Rd slip road to
 Kim Seng Road. There are on coming vehicle along Kim Seng Road suddenly I felt an impact
 on my rear then realised that vehicle B had collided onto my rear portion.

☐ Claim own policy
☐ Claim third party
☒ Claim ODS/TP at other workshop *Fix Auto*
☐ For record purpose
 Policy No. *D900130491 QMY*
 Insured *hally* Veh. No. *JKP26464*

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Declaration

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

[Signature] 8/8/24
 Policyholder's Signature / Date & Time

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

[Signature]
 SNO AN TEE MOTOR & PANEL SVC PTE LTD
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

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 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 Traffic Police Department for investigation.
6. 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.
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.

Day 8/8/24
Policyholder's Signature / Date & Time
1:25 pm

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

