

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	26/08/2024 12:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/08/2024 06:58 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BASEMENT CARPARK , DAIRY FARM RESIDENCES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV8238J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SAY KEONG
NRIC No	SXXXX248F
Email Address	TANSK_88@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81575663
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	AVANTE 1.6 AUTO "S"
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	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	KMHLN41ETMU066548
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B300838151QMY

DRIVER

Name of Driver	TAN SAY KEONG
NRIC No	SXXXX248F
Date Of Birth	07/06/1988
Occupation	Indoor
Driving Pass Date	10/10/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81575663
Alt. Phone Number	-
Email Address	TANSK_88@HOTMAIL.COM
Address	8 DAIRY FARM LANE #08-24
Address complement	-
Postcode	677624
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	Collided into Parked Vehicle
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	TEO XIAORONG
Gender	Female

PASSENGER 2

Name	SHERVON TAN
Gender	Female

PASSENGER 3

Name	SHYYLER TAN
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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA5757S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver LIM YEOW LIANG
NRIC No SXXXX180I
Contact Number (Phone) +65-90738937
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

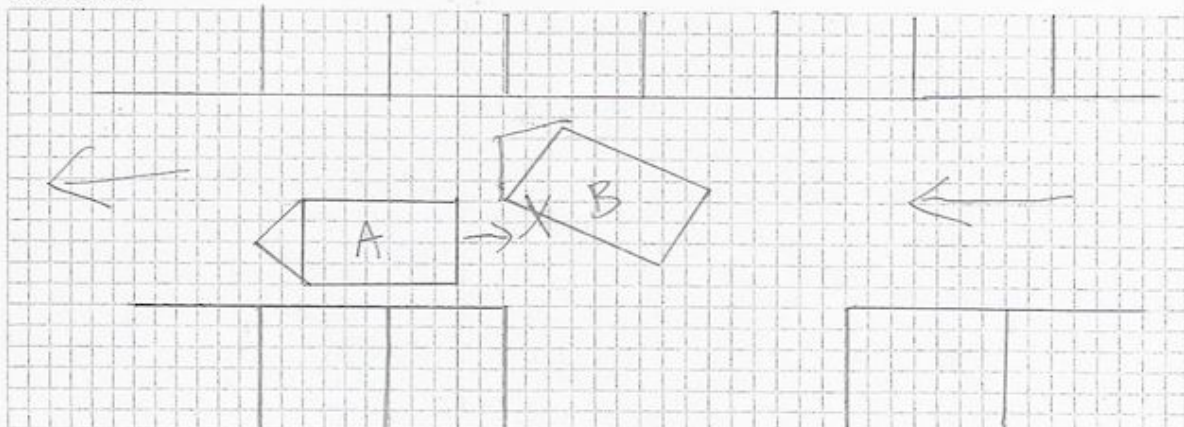
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available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



LOCATION: BASEMENT CARPARK AT
DAIRY FARM RESIDENCES

A: TAXI
B: OWN CAR

Describe Circumstances of the Accident

My car is turning Left when there is a vehicle (Taxi) stopped in front. The taxi ~~part~~ stopped at a position which happened to block another car trying to exit from his parking lot. My car stopped behind the Taxi. Suddenly, the taxi engaged reverse gear (reverse light lighted up), I immediately pressed my car horned continuously. However, the taxi still accelerated & reversed & hit my left wing mirror follow by my front left door panel with a loud thud.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

26/8/2024

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

Witnessed by Reporting Centre Personnel

































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SK0R24760001-01 Vehicle Registration No: SMV8238J
 Name (as shown in NRIC): TAN SAY KEONG NRIC/FIN/Passport No: S8819248F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 8 DAIRY FARM LANE #08-24 Singapore (677624)
 Contact (Tel): _____ Mobile No.: 81575663
 Email Address: TANSK_88@HOTMAIL.COM
 Date of Accident: 26/08/2024 Time of Accident: 06.58
 Place of Accident: BASEMENT CARPARK, DAIRY FARM RESIDENCES
 Insurance Company: MSIG INSURANCE SINGAPORE PTE LTD

(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:

AMMENDMENT - CHANGE TO THIRD PARTY CLAIM

to amend the policy number

Policyholder / Driver's Signature
 Date: 26/8/24

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

①A/04C Addendum Form