SA1W246K0001 / AUTOBACS CAR CARE (SINGAPORE) PTE. LTD ENTRY DATE & TIME: 20/06/2024 11:17 (SGT) SUBMITTED BY: DIANA BINTE HUSSAIN VERSION: 1 (20/06/2024 11:17 (SGT))



#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/06/2024 11:17 (SGT) Both Policyholder and Actual Driver 19/06/2024 11:05 (SGT) Singapore Serangoon Avenue 1 Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLJ7070G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** 

Mobile Phone No Alternative Phone No No

Liow Choon Moey SXXXX806H

cmliow@kimgds.com (Phone) +65-96557070

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission

CC

Lexus NX350H

Private use

No - Claiming third party

Private car Manual 2487

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd. A 300822739 ALM

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

Liow Choon Moey SXXXX806H 03/04/1959 Indoor



**Driving Pass Date** 02/08/1977 Driving experience 46 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-96557070 Alt. Phone Number **Email Address** cmliow@kimgds.com Address 123 Tai Keng Gardens Address complement Postcode 535404 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

DETAILS OF POLICE ACTION

Translator's phone number

Original language used in the statement

Translator's ID

Translator's email

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Please refer to accident statement

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

GBK2774E

- Contact Number

GBK2774E

- Commercial vehicle

Commercial vehicle

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 Liow Choon Moey Gender Female Phone No (Phone) +65-96557070 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Pain in lower back and body. Going to see a doctor for check up. Injured person in which vehicle? SLJ7070G Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

#### SKETCHPLAN

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- 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.
- 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.

### 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 times, 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' (awyers/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

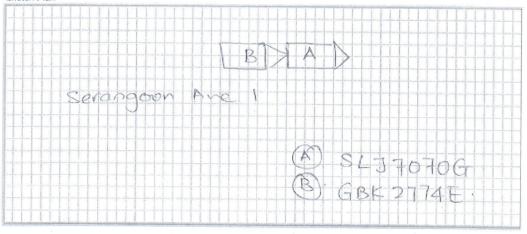
(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Digte & Time

Oriver's Spirature (if driver is not the policyholder) / Date & Time

(Name as in NF8C/ID card)

## Sketch Plan



Sec. 2

Describe Circumstance of the Accident
At the said time and location.
The sale.
my vehicle was stationary before the.
my venicle was stationary before the. trappic light which was red.
Vehicle B (GBK 2774E) then come from behind and hit onto the near portion of my vehicle.
behind and but onto the near
portion of my vehicle.
The impact was hard.
I felt poin in my lower back and body ofter the accident.
pool ofter the account
I will be going to the doctor for
I will be going to the doctor for a check up after this.
1 0

Declaration

I/We declare the foregoing particulars are true in every re-

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