

# 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 .....	14/12/2024 13:31 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	13/12/2024 14:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ENTRANCE OF CAIRNHILL NINE AND ASCOTT ORCHARD (9 CARNHIL ROAD)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS9524S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SIME DARBY SERVICES PRIVATE LIMITED
Company Reg No .....	1XXXXX065W
Email Address .....	KRYSTWONG279@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96936390
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	520i
Variant .....	-
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 .....	Auto
CC .....	1998
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	WONG KHOON KONG
NRIC No .....	SXXXX027F
Date Of Birth .....	30/06/1979
Occupation .....	Indoor
Driving Pass Date .....	05/12/2008
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	16 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-69936390
Alt. Phone Number .....	-
Email Address .....	KRYSTWONG279@GMAIL.COM
Address .....	27 KEPPEL BAY VIEW #12-84
Address complement .....	-
Postcode .....	098416
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Change/cross lane
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) .....	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 .....	LEE HOON HOON
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 ATTACHED

#### 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 .....	GBM3565A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Goods vehicle
Name of Driver .....	DHIRAN RAL
NRIC No .....	TXXXX608G
Contact Number .....	(Phone) +65-84981190
Address .....	61 UPPER SEANGOON VIEW #06-18
Address complement .....	-
Postcode .....	534015
Insurance Company Name .....	India International Insurance Pte Ltd
Nature Of Damage .....	RIGHT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

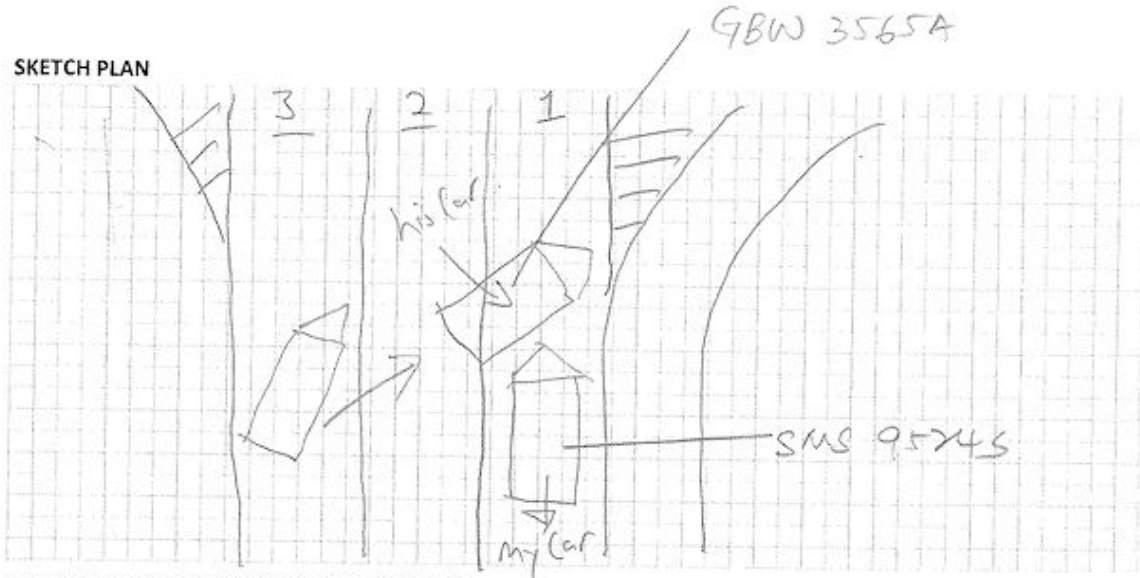
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 13/12/2024 4.30pm

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

Yap Mee Key  
Performance Motors Limited  
303 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13<sup>th</sup> Dec 2024 about 3.30pm, I was driving along Cairnhill Road Cairnhill Mhe / Asrott Orchard is on my right. & I was travelling on the 1<sup>st</sup> lane when a white Van suddenly cut from the 3<sup>rd</sup> lane to my lane (1<sup>st</sup> lane) I jammed brakes but still hit the van as per picture above. I also have video footage to validate above.

DECLARATION

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

Policyholder's Signature  
Date & Time:

GIABAC View KPL Plan V3

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

13/12/2024  
4.30pm.

Yap Mee Key  
Performance Motors Limited  
303 Alexandra Road  
Singapore 159941  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:















































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0X24CE0003 Vehicle Registration No: SMS 95245  
Name (as shown in NRIC) : Sime Darby Services Pte Ltd. NRIC/FIN/Passport No : 19750106520  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate 159942  
Address : 305 Alexandra Rd Singapore ( )  
Contact (Tel) : 9693 6390 Mobile No. : \_\_\_\_\_  
Email Address : Krystina279@gmail.com  
Date of Accident : 13/12/24 Time of Accident : 1420  
Place of Accident : Entrance of Cairnhill Nine and Ascott orchard.  
Insurance Company : 9 Cairnhill Rd MSIG Insurance

#### (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:

Third party vehicle number plate  
TO G8M 3565A

Wk  
Policyholder / Driver's Signature  
Date: 16/12/24

Wk  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 16/12/24