

## 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 Authorised 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 ability.
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 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 Report	04/12/2017 15:39
Date Of Accident	01/12/2017 19:45
Exact Location Of Accident	CARPARK JUST OFF STADIUM WALK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS6680D
Insured/Policyholder	
Name Of Registered Owner	EVELYN CHAN KAH ENG
NRIC No	S1768901J
Email Address	KEWEVEE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98209633
Alternative Phone No	OFFICE-81614880
Vehicle Particulars	
Manufacturer	BMW
Model	520
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B80227663SMP
Cover Note Number	
Driver	
Name of Driver	KEW WANG JIE ERNEST
NRIC No	S9307538B
Date Of Birth	12/02/1993
Occupation	INDOOR
Date Of Driving Pass	18/04/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88234280
Fax Number	
Contact Number	
EEmail Address	ERNEST.KEW@HOTMAIL.COM

Address	101 LORONG N TELUK KURAU #03-09
Postcode	425253
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EB7733C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHAN JIA SHUAH NIKKI
NRIC/Passport Number	S9244583F
Contact Number	92483773
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan Pg. 1

### SKETCH PLAN

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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;

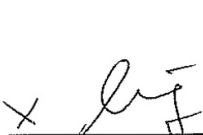
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

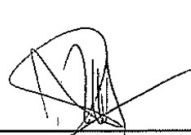
(collectively the "Purposes")

(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

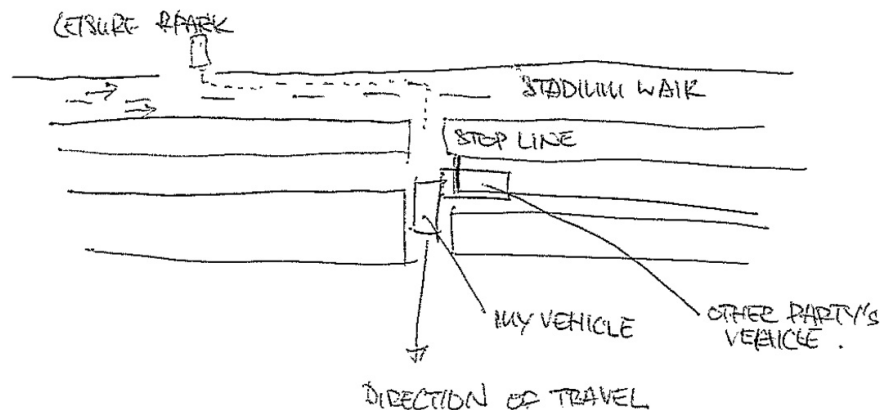
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date &  
Time

 ERNEST KIEW  
Driver's Signature (If driver is not the policyholder) / Date  
& Time  
(1128 PM)

  
Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



## Sketch Plan Pg. 2


### Describe Circumstances of the Accident

On or around 1945HRS on the 1st of Dec 2017, I exited the Lesene Park underground carpark. As I was heading home by SCP towards Telok Kurau, I decided to make a right turn and cut through the car park towards Tangay Dun, which I frequently do. After making the right turn, I slowed down as I noticed a group of roughly 10-15 youths walking towards Lesene Park on the right hand side of the road. After they shuffled to the left, I proceeded forward. I also noticed the other party's ~~car~~ vehicle to my left. I was aware that it was slowing down. I also would have noticed the stop line ~~at~~ of the other party's ~~car~~ side of the road. Seeing as the other car had slowed down / come to a stop, I continued forward. A few seconds later, the rear ~~side~~ left side of my car was impacted, just behind the rear left wheel. From my side and rear view ~~mirror~~ vision, I noticed the car continuing forward after the impact, and hence pressed my car horn for a sustained period of time to draw attention to the incident. The other party continued forward and halted her car at the empty lot immediately next to the junction, and I followed, parking my car beside hers.


### Declaration

We declare the foregoing particulars are true in every respect.

X   
Policyholder's Signature / Date & Time

X  1126 4<sup>th</sup> Dec 2017  
Driver's Signature (if driver is not the policyholder) / Date & Time

(11.26 PM)

  
Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

