

## 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 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 22/01/2018 15:44  
Date Of Accident 20/01/2018 16:00  
Exact Location Of Accident ALONG KOEK ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC7176J  
**Insured/Policyholder**  
Name Of Registered Owner SPACE ATELIER PTE LTD  
Co Reg No 201407904G  
Email Address JONATHAN@SPACEATELIER.COM.SG  
Mobile Phone No (LOCAL) +65-90673315  
Alternative Phone No OFFICE-90673315

### Vehicle Particulars

Manufacturer BMW  
Model 535I-3.0 GRAN TURISMO (A)

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

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 A 80450369QMX

Cover Note Number

### Driver

Name of Driver KUOK TZE LIANG (GUO ZILIANG)  
NRIC No S7823912C  
Date Of Birth 15/08/1978  
Occupation INDOOR  
Date Of Driving Pass 18/09/2001  
Driving Experience 16 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-90673315  
Fax Number  
Contact Number  
Email Address JONATHAN@SPACEATELIER.COM.SG

Address 53 JALAN USAHA SINGAPORE 537191  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### 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 this accident? NO  
 Number of vehicles involved in the accident  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? 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) 5  
 Passenger 1 NAME: : TAN LIAN KIM  
 GENDER: : FEMALE  
 Passenger 2 NAME: : TOH BEE YAN  
 GENDER: : FEMALE  
 Passenger 3 NAME: : KUOK KIAN BEE  
 GENDER: : FEMALE  
 Passenger 4 NAME: : KUOK KEXIN  
 GENDER: : FEMALE

#### 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

I WAS ENTERING INTO KOEK ROAD AND WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. WHEN I MOVE OFF I FELT MY CAR SIDE BRUSHING AGAINST SOMETHING. I LOOK AT THE SIDE MIRROR AND SAW THE TAXI SH 6753 D VERY CLOSED TO MY CAR. I WANT DOWN TO SEE AND SAW THAT HE HAD TRIED TO SQUEEZE THROUGH FROM THE LEFT HAND SIDE OF THE ROAD AND REALISING. HE CAN'T AS I WAS IN HIS WAY & REALISE MY CAR WAS SCRATCH INCLUDING MY RIMS. NOBODY INJURY. THAT'S ALL.

#### 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 SH6753D  
 Vehicle Make/Model/Colour COMFORT TAXI

**Details Of Properties**

**Vehicle Category**

**TAXI**

**Name of Driver**

**CHEW ENG THIAM**

**NRIC/Passport Number**

**S0836908I**

**Contact Number**

**Address**

**Postcode**

**Insurance Company Name**

**Nature Of Damage**

**No. Of Passenger (Including Driver)**

**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
- (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

22 JAN 2018

W. L. Loh

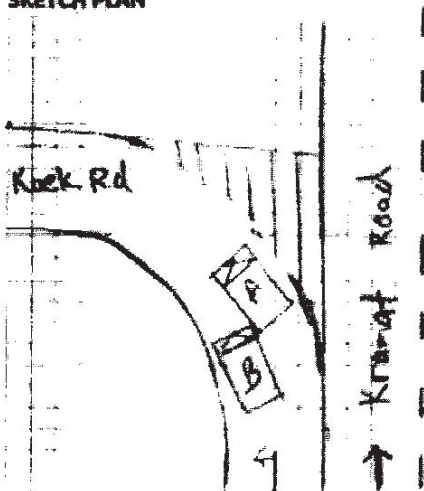
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time

  
 Reporting Centre Personnel's Signature  
 Name: Yekus Lee Choy Wun  
 NRIC/IN No. S798891A



# Sketch Plan #2

## SKETCH PLAN



20.01.2018 @ 4pm

A SKC 7176 J

B SH 6753 C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering into Keok Road and was waiting for the traffic light to turn green. When I move off I felt my car side brushing against something. I look at the side mirror and saw the taxi SH 6753 D very close to my car. I went down to see and saw that he had tried to squeeze through from the left hand side of the road and realising He can't as I was in his way & realise my car was scratch including my rims. nobody injury. That's all.

## DECLARATION

I/We declare the foregoing to be true in every respect.

Policyholder's Signature  
Date & Time: 22 JAN 2018 @ 11:30 AM



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

Reporting Centre Personnel's Signature  
Name: VERA WEA CHY WEE  
NRIC/FIN No.: S75889614

