

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	24/04/2018 11:41
Date Of Accident	23/04/2018 09:50
Exact Location Of Accident	PIE BEFORE JALAN BAHAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG6985B
Insured/Policyholder	
Name Of Registered Owner	LEE LOK PENG @ LEE GEOK PENG
NRIC No	S0854591Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98392238
Alternative Phone No	OFFICE-98392238

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-17088618MVPC
Cover Note Number	-

Driver

Name of Driver	KER RUI XIN JUSTIN
NRIC No	S8030988J
Date Of Birth	08/10/1980
Occupation	INDOOR
Date Of Driving Pass	01/12/2004
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98392238
Fax Number	
Contact Number	
EEmail Address	JUSTINKER@GMAIL.COM

Address	100A ENG NEO AVE
Postcode	289562
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 - CHANGE/CROSS LANE
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?	
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

PLEASE REFER TO ATTACHED STATEMENT.

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	SLV58B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUNG OON HUA JEFFERY
NRIC/Passport Number	
Contact Number	96883150
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the facts of the accident, including the speed at the claim's parties.
2. This form shall be completed by the Policyholder and/or the Authorized Driver.
The information must always be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may constitute an offence or a repudiation of policy liability.
3. If a claim holder claims to have been injured, companies or other administrators of policy liability on the part of the insurance company.
4. Any false reporting may be referred to the Police for investigation.
5. The report will be released by the insurers to the Civil Records & Empowerment Centre established by the Government to provide a public database of traffic accidents that happen in Singapore. The report will be made available to the public for free.
6. Any third party who wishes to use the information provided in this report at the centre will be subject to the reporting made as a false statement.
7. Consent under the Personal Data Protection Act (PDPA)
I, the undersigned, hereby consent that:
 - (a) My insurer may wish to pass the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process the personal data/personal information set out in this form and any other personal information provided by me or purchased by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurers who have insured vehicle(s) involved in this accident (all insurers) 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 purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation 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) carrying out my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being about delivery of the same as well as on the external mail 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agent(s) including their lawyers/law firms, which may be used outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information may also be collected and used to compile claims history for the purpose of fraud detection, investigations and management of present and all future claims;
 - (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) to regulatory, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.

Driver's Name:
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A SPV 6785B
B SPV 58B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on PIE on the right most lane

vehicle SPV 58B cut into my lane in front of me.

This vehicle hit the left frontal area of my car.

DECLARATION

I declare the foregoing particulars are true & correct

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NPIC/STN NO.