

## 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	28/04/2018 09:31
Date Of Accident	27/04/2018 21:20
Exact Location Of Accident	JUNCTION OF SCOTTS RD & BT TIMAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6247E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SEH TOON
NRIC No	S1248048B
Email Address	WTAN@TCCFLEET.COM
Mobile Phone No	(LOCAL) +65-91769457
Alternative Phone No	OFFICE-91769457

### Vehicle Particulars

Manufacturer	BMW
Model	523I
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	B27083952SMP
Cover Note Number	

### Driver

Name of Driver	TAN SEH TOON
NRIC No	S1248048B
Date Of Birth	02/05/1957
Occupation	INDOOR
Date Of Driving Pass	29/01/1976
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91769457
Fax Number	
Contact Number	OFFICE-91769457
Email Address	WTAN@TCCFLEET.COM

Address	10 JALAN SENTOSA
Postcode	418223
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 - ROUNDABOUT
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : YOON HEE JIN GENDER: : FEMALE
Passenger 2	NAME: : BRYAN YOON GENDER: : MALE

#### 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	SJV1212P
Vehicle Make/Model/Colour	RED MERC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS CHIA AN NI
NRIC/Passport Number	S8070358I
Contact Number	96884995
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

FRONT LEFT

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:

28 APR 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

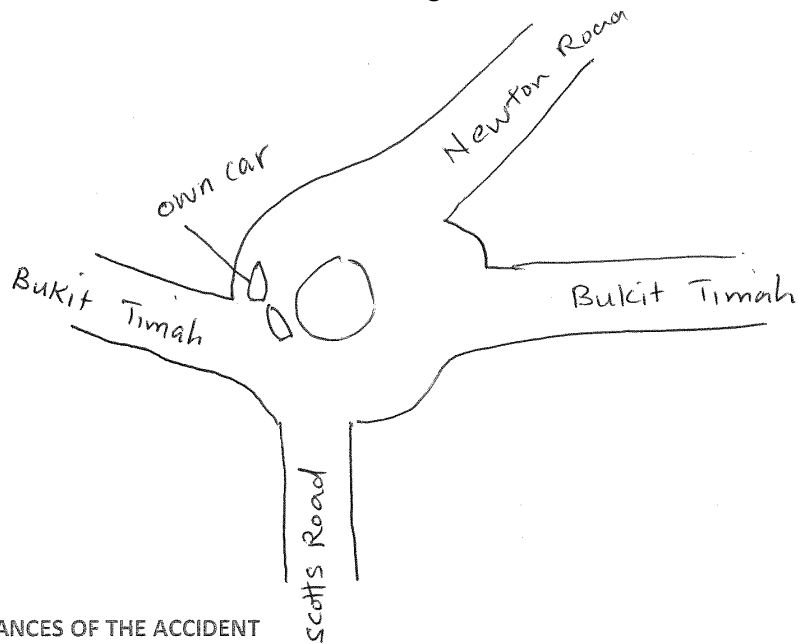
NRIC/FIN No.:

28 APR 2018

MEENA CHIA SAN SAN  
Performance Motors Limited  
203 Alarandra Road  
Sime Darby Performance Centre  
Singapore 159961



### SKETCH PLAN



On 27 April 2018, at about 2120hrs, I was driving along Scotts Road towards Newton Road. However, when I came to the junction of Scotts Road (end) & Bukit Timah Road, my car was stopped on the extreme left lane awaiting for clear traffic before making a round-~~at~~<sup>about</sup> turn towards Newton Road. The opposition car (Red Mercedes car, SJV1212P) driven by Ms. Chia was on my right side. As when the traffic was clear, I ~~ate~~ drove along the round about and suddenly felt a hit on my car from the back. It was the opposing car driven by Ms. Chia who was also making the round about on my right back made the contact on my car.

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

Policyholder's Signature  
Date & Time: 28 APR 2013

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

MERINA CHIA SAN SAN  
 Performance Motors Limited  
 303 Alexandra Road  
 Sme Darby Performance Centre  
 Singapore 159341

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: 28 APR 2010

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





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**Accident Photo**



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