

## 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	19/06/2018 14:39
Date Of Accident	18/06/2018 03:05
Exact Location Of Accident	RIGHT B/F ENTERING MALAYSIA CUSTOM AT 2ND LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4861E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEANG SAI KIAT
NRIC No	S8224588Z
Email Address	SKCHEANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94782920
Alternative Phone No	OFFICE-94782920

### Vehicle Particulars

Manufacturer	BMW
Model	523I-2.5 AT ABS D/AB 2WD 4DR GAS/D NAV (A)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU004207-R00
Cover Note Number	

### Driver

Name of Driver	CHEANG SAI KIAT
NRIC No	S8224588Z
Date Of Birth	30/07/1982
Occupation	INDOOR
Date Of Driving Pass	03/04/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94782920
Fax Number	
Contact Number	OFFICE-94782920
EEmail Address	SKCHEANG@HOTMAIL.COM

Address	BLK 312 YISHUN RING ROAD #10-1218
Postcode	760312
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	SIDE SWIPE
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)	4
Passenger 1	NAME: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : COUSIN GENDER: : FEMALE
Passenger 3	NAME: : COUSIN 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

At about 3.05am, we are all queuing to cross the Msian custom. There are a lot of cars going into the customs. Just before the customs, the cars merge from a double lane to a single lane. Usually when we merge into a single lane, we follow the order left-right-left-right. But right after the car in front of me entered the lane, the next 3 cars on the right was following up very closely to enter the lane, disallowing the cars on the left to enter. As the drivers are very aggressive, I slowly inched myself forward into the lane and I was side by side (I am on the left and she is on the right) with this red BMW in this single lane. There are 2 open counters in front of us and it's understandable that I should be going on the left lane and she should be going the right lane. Just as the car in front left the counter on the left, the red BMW immediately take a left turn and cut into my lane, wanting to take the left lane. I heard the abrasion sound and we both alight our vehicle. The driver is a Malay lady. Once she is out of her vehicle 'b', she started hurling abusive statement, "Are you stupid or what! Why you so stupid!", and also indicated that she is tired and wanted to go home fast. I replied that she should have stayed in her lane and give way. We inspect our own cars and took some pictures of the damages. My vehicle front right (near the wheels) has some scratches, while her left hind wheel side has some abrasions. I took pictures of my car scratches and hers. As the cars behind are getting impatient and started honking, I immediately asked for her contact number and mention I will call her to arrange for discussion. She gave me this number 96309433. As it's late at night, I have decided to give her a call the next day. I tried calling her just now but the number is wrong. I didn't take down her car plate number too as it was quite rush at the accident site, where all the cars are waiting impatiently.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MALAY LADY
NRIC/Passport Number	
Contact Number	96309433(WRONG NUMBER)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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6. The 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 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: 19/06/2018  
2.33pm

Driver's Signature

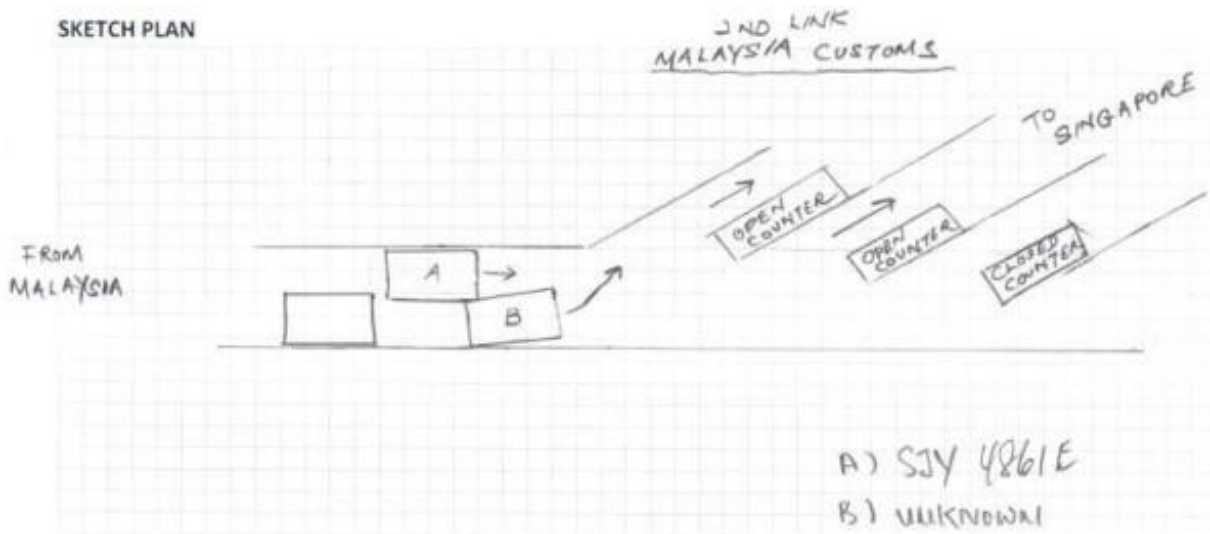
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO SKETCHPLAN

### DECLARATION

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

Policyholder's Signature

Date & Time: 19 June 2018

2:33pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/06/2018

KEELI MATIAS

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Addendum Sheet



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 : MMA118018968 Vehicle Registration No: SJY4861 E  
Name (as shown in NRIC) : CHONG SAI KAT NRIC/FIN/Passport No : 882245882  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94782920  
Email Address : \_\_\_\_\_  
Date of Accident : 18/06/2018 Time of Accident : 03:05  
Place of Accident : RIGHT B/F ENKRAU MALAYSIA CUSTOM AT 2ND LINK  
Insurance Company : TOKIO MARINE

(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:

Policy number 20 17-MU004207-R00

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Repli Lim  
NRIC/FIN No.:  
Date: 29/06/2018