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 witholding of material facts may allow insurance companies to repudiate policy liability.
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	21/02/2019 14:48
Date Of Accident	20/02/2019 13:30
Exact Location Of Accident	CARPARK AT 30 SCIENCE PARK ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV9888M
Insured/Policyholder	
Name Of Registered Owner	KIM CHIN KEONG (JIN JINQIANG)
NRIC No	S8234163C
Email Address	CHRISKIM@GOLDENLANDWATCH.COM
Mobile Phone No	(LOCAL) +65-98527600
Alternative Phone No	OTHERS-98527600
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.0 G (ACV41) (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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 29098877 QMX
Cover Note Number	
Driver	
Name of Driver	KIM CHIN KEONG (JIN JINQIANG)
NRIC No	S8234163C
Date Of Birth	05/11/1982
Occupation	INDOOR
Date Of Driving Pass	21/08/2004
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98527600
Fax Number	
Contact Number	OTHERS-98527600
EMail Address	CHRISKIM@GOLDENLANDWATCH.COM

Address	6B BOON TIONG ROAD #14-53
Postcode	165006
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA1317H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDWIN CHAN KHAI ERN
NRIC/Passport Number	S9126821C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 21022019 1200 hrs.	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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Realise slip on car wiper 20 Feb 2019 2300hrs @ Woodlands Blk 588
- Slip indicated only Partial Name and contact number
- Tried Calling and Messaging contact. No Response
- Will continue to contact and update case if any

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 21/02/2019 1200 hrs.	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

NOTE

~~Hi, I~~ may have reversed into your car while parking. Plese check for any damages and let me know.
My number is 92979020.

Edwin

21/03/2018
Rosh

ID


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8234163C

Name
KIM CHIN KEONG
(JIN JINQIANG)
金 进 强
Race
CHINESE
Date of birth
05-11-1982
Sex
M
Country/Place of birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE
S8234163C
KIM CHIN KEONG
(JIN JINQIANG)
Birth Date 05 Nov 1982
Issue Date 12 Apr 2013
002166432F


5234345
NRIC No. S8234163C
Date of issue
29-10-2013
Address
68 BOON TIONG ROAD
#14-53
SINGAPORE 165006

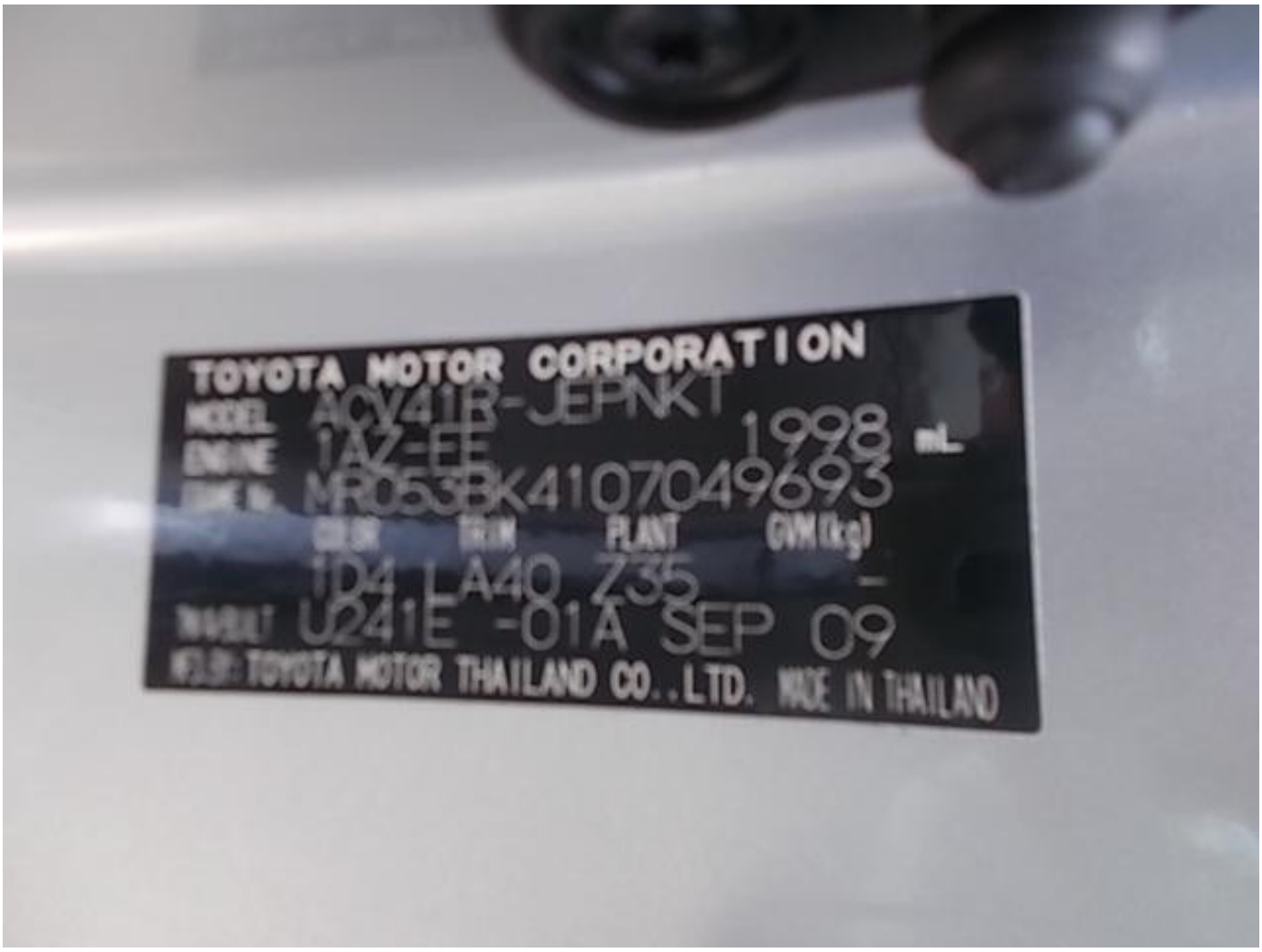

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	30 Jan 2002
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	21 Aug 2004

NP 428A
Licence No: S8234163C

Accident Photo

Accident Photo



Accident Photo

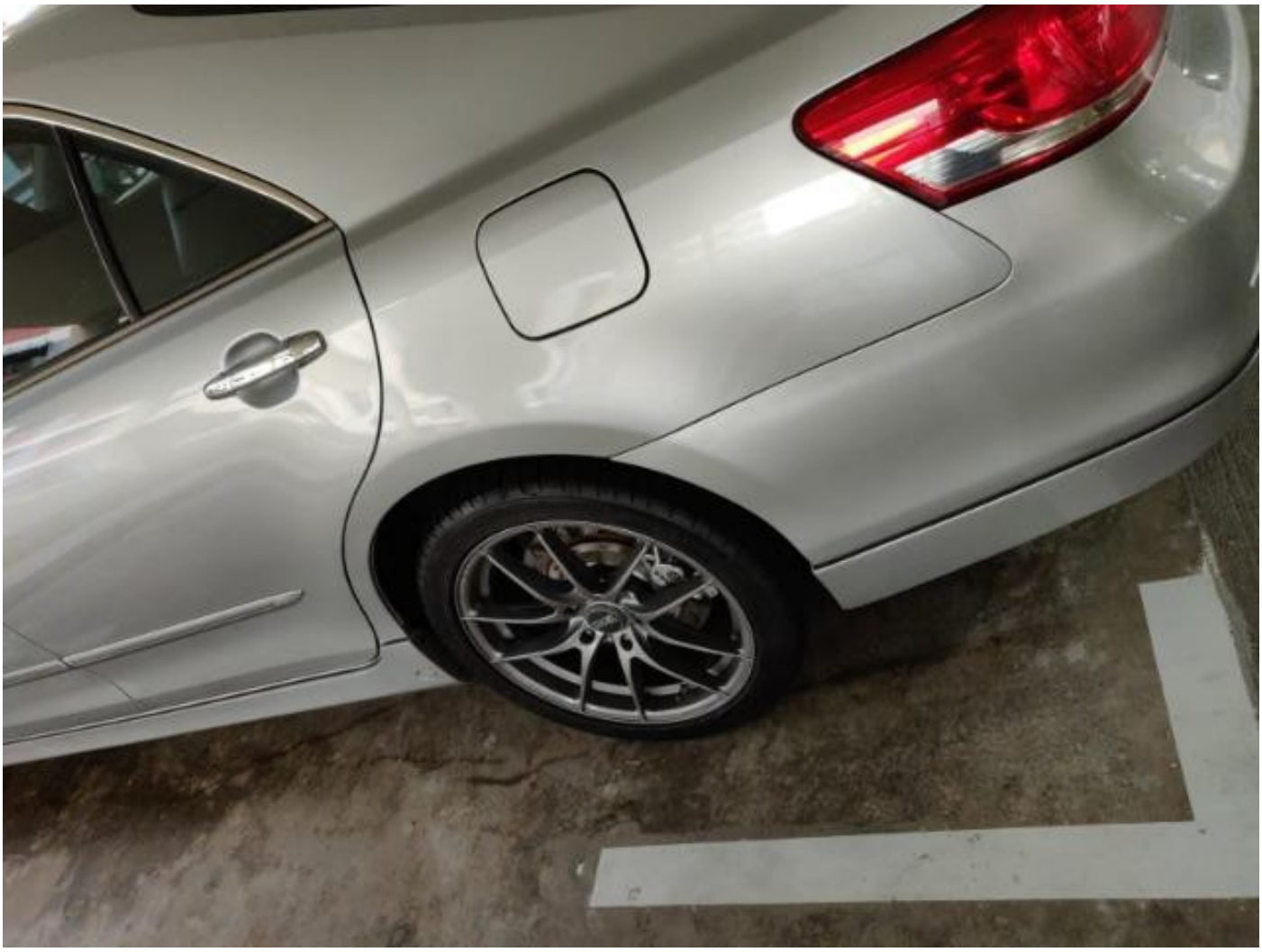
Accident Photo

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: S66SS0020G / GST Reg. No.: M400017738

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 : MMA4/9024321 Vehicle Registration No: SLV 9888M

Name(as shown in NRIC) : SLV 9888M NRIC/FIN/Passport No : S8234163C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 98527600

Email Address :

Date of Accident : 20.02.2019 Time of Accident : 13:30

Place of Accident : CARPARK AT 30 SCIENCE PARK ROAD

Insurance Company : MSIG

(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:

TO UPLOAD PHOTOS & VIDEO.

DAMAGE ENDS ON 2ND REAR

Policyholder / Driver's Signature
Date: 21 FEB 2019.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 25/02/2019