

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 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	01/03/2019 09:39
Date Of Accident	28/02/2019 15:40
Exact Location Of Accident	ALONG KIM TIAN ROAD B/F JALAN BUKIT MERAH JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD9978C
Insured/Policyholder	
Name Of Registered Owner	LEE CHENG
NRIC No	S0124126E
Email Address	LEET_80@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96738922
Alternative Phone No	OTHERS-97950301

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29094159 AT2
Cover Note Number	

Driver

Name of Driver	HO CHENG KIM
NRIC No	S0130322H
Date Of Birth	12/08/1952
Occupation	INDOOR
Date Of Driving Pass	31/03/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97950301
Fax Number	
Contact Number	OTHERS-96738922
Email Address	LEET_80@YAHOO.COM

Address	BLK 608 TELOK BLANGAH ROAD #16-03
Postcode	109030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (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)	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

ON THE 28/02/2018 AT ABOUT 15:40HRS I WAS TRAVELLING ALONG KIM TIAN ROAD AND WANTED TO TURN RIGHT INTO JALAN BUKIT MEARH JUST BEFORE REACHING THE JUNCTION OF BUKIT MERAH, I SAW A CAR FROM THE OPPOSITE DIRECTION DRIVING WITH A FAST SPEED THEN I SWERVE MY CAR A LITTLE BIT TO THE LEFT AND ACCIDENTALLY HIT A CAR SJQ3280E THAT ON MY LEFT AND ONLY HIT THE SIDE MIRROR AND WE STOP AT THE ROAD SIDE AND EXCHANGE PARTICULARS THAT 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	SJQ3280E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	SHAFIQ
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/3/19

Reporting Centre Personnel's Signature
Name: *Paula Santos*
NRIC/FIN N:

Accident Sketch Plan

SKETCH PLAN KIM TION ROAD

A hand-drawn sketch plan of an accident scene. It shows a road labeled 'KIM TION ROAD' with a dashed line indicating a lane or boundary. Three vehicles are depicted: 'A' and 'B' are stacked vertically on the left side of the road, and 'X' is on the right side. Arrows on the right indicate traffic flow. A vertical road labeled 'JALAN BUKIT MELAKA' is shown on the far right.

A) SFD 9978C
B) SJQ 3280E

JALAN BUKIT MELAKA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

A large rectangular area with horizontal lines, intended for describing the circumstances of the accident. It is crossed out with a diagonal line from the top right to the bottom left.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/03/2019
10.05

[Signature] 01/03/2019
Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0130322H



Name
HO CHENG KIM
何清琴
Race
CHINESE
Date of Birth
12-08-1952
Country of Birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S0130322H**
Name
HO CHENG KIM
Birth Date **12 Aug 1952**
Issue Date **03 Jan 2004**



0010726308

0897790



NRC No. **S0130322H**



Blood Group Date of issue
A+ 29-03-1993

APT BLK 608 TELOK BLANGAH ROAD #18-03
SINGAPORE 108030
NRC No. S0130322H Date: 05/09/2016

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Mar 1975

NP 426A

Licence No: S0130322H



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo

