

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	20/04/2019 14:43
Date Of Accident	20/04/2019 10:40
Exact Location Of Accident	T-JUNCTION BETWEEN FIRST STREET AND SECOND STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2955S
Insured/Policyholder	
Name Of Registered Owner	P.I.L. CONSORTIUM PTE LTD
Co Reg No	200312432W
Email Address	INFO@PILCON.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67434424

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 28636916 MKC
Cover Note Number	

Driver

Name of Driver	D TERPAL SINGH SIDHU S/O DARSHAN SINGH
NRIC No	S6810669I
Date Of Birth	25/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	01/07/1996
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83639774
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 490A CHOA CHU KANG AVENUE 5 #03-257
Postcode	681490
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DRIZZLING
Road Surface	SLIGHT WET

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

I WAS DOING DELIVERY AND WAS TRAVELLING ALONG FIRST STREET. UPON REACHING AN UN-CONTROLLED T-JUNCTION BETWEEN FIRST STREET AND SECOND STREET, VEHICLE B WHICH WAS IN FRONT OF MY VEHICLE STOPPED ITS VEHICLE AND WAITING TO MAKE A LEFT TURN. I NOTED THERE WERE CONSTANT ON-COMING VEHICLES ALONG SECOND STREET AND SUDDENLY I SAW VEHICLE SLOWLY REVERSING HIS VEHICLE AS HIS VEHICLE POSITION WAS AFTER THE STOP LINE. UPON SEEING HIM REVERSING, I IMMEDIATELY SOUNDED MY HORN TRYING TO ALERT THE DRIVER OF VEHICLE B. HOWEVER, VEHICLE B CONTINUED TO REVERSE AND SUBSEQUENTLY COLLIDED ONTO MY STATIONARY POSITION VEHICLE. NO INJURIES WERE INVOLVED. THAT'S 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	SLN1768X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HEE YAU KUAN
NRIC/Passport Number	S7181125E
Contact Number	81866311
Address	29 FIRST STREET
Postcode	458299
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: : FEMALE

Sketch Plan

SKETCH PLAN

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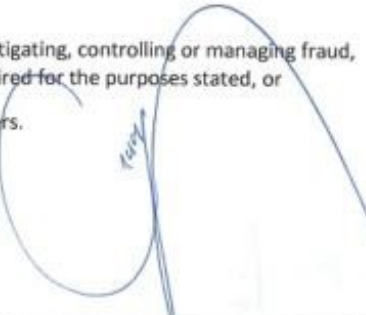
8. Consent under the Personal Data Protection Act (PDPA)

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: 22 APR 2019

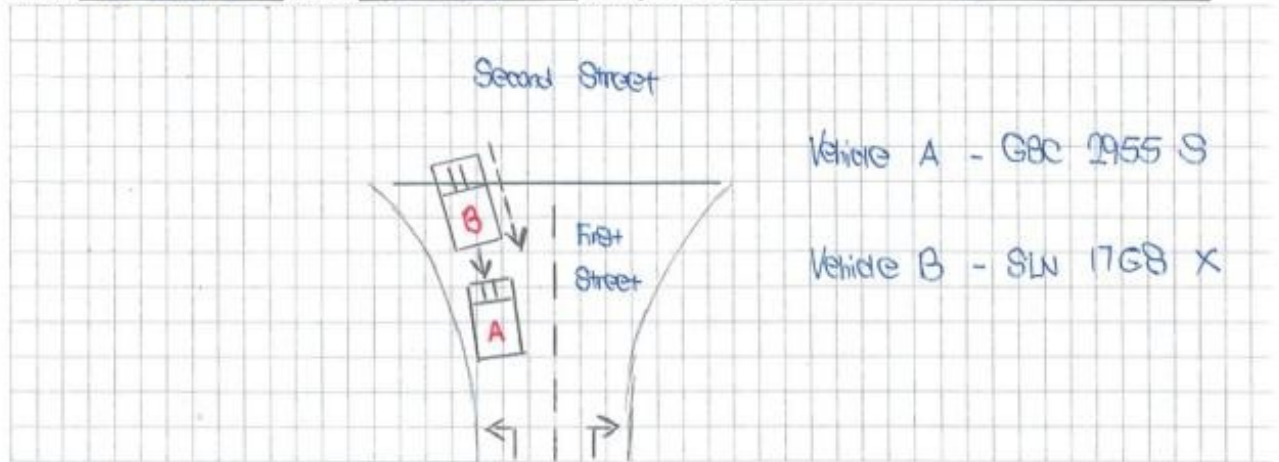

Driver's Signature
(If driver is not the policyholder) Date
& Time: 22 APR 2019


Reporting Centre Personnel's Signature
Name: ANG WEI GUANG
NRIC/FIN No.: S8410708E

Sketch Plan #2

SKETCH PLAN

Date & Time of Accident: 20 APR 2019 / 10:40 Hrs Location: T-Junction Between First Street and Second St
 Veh A: G8C 2955 S Veh B: SLN 1768 X Veh C/Others: Nil



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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☐ Own Damage Claim at Lim Tan Motor ☐ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____
 My/Our email : _____

DECLARATION

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



Policyholder's Signature Date
 & Time:

22 APR 2019

GIARMC Sketch Plan Form V3

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

22 APR 2019

Reporting Centre Personnel's Signature
 Name:

NRIC/FIN No.: ANG WEI GUANG
S8410708E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



CHASSIS NO	:	FB7035420479	
UNLADEN WT	:	2480	KG
MAX LADEN WT	:		KG
PASSENGER CAP	:	1 DRIVER	OTHER
TYRE SIZE	:	(F)	
	:	(R)	