

## 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	18/06/2019 12:34
Date Of Accident	15/06/2019 18:00
Exact Location Of Accident	JUNCTION OF ALEXANDRA RD & DELTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM3020T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN CHUEN BENG
NRIC No	S7133297G
Email Address	EUGCHAN17@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97692888
Alternative Phone No	OTHERS-97692888

### Vehicle Particulars

Manufacturer	BMW
Model	730LI
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	B27236238SMP
Cover Note Number	

### Driver

Name of Driver	CHAN CHUEN BENG
NRIC No	S7133297G
Date Of Birth	17/09/1971
Occupation	INDOOR
Date Of Driving Pass	06/07/1992
Driving Experience	26 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97692888
Fax Number	
Contact Number	OTHERS-97692888
EEmail Address	EUGCHAN17@HOTMAIL.COM

Address	36 MARLENE AVENUE
Postcode	556665
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 - HEAD TO REAR
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

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 Witness 1

Name	SHAHRULNIZAT BIN HASSAN
Phone Number	84444652
Email Address	SLM1560H

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8896L
Vehicle Make/Model/Colour	BLUE HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH BENG CHIN
NRIC/Passport Number	S1411104B
Contact Number	96967580
Address	299A COMPASSVALE ST #13-138
Postcode	541299
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

FRONT

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.

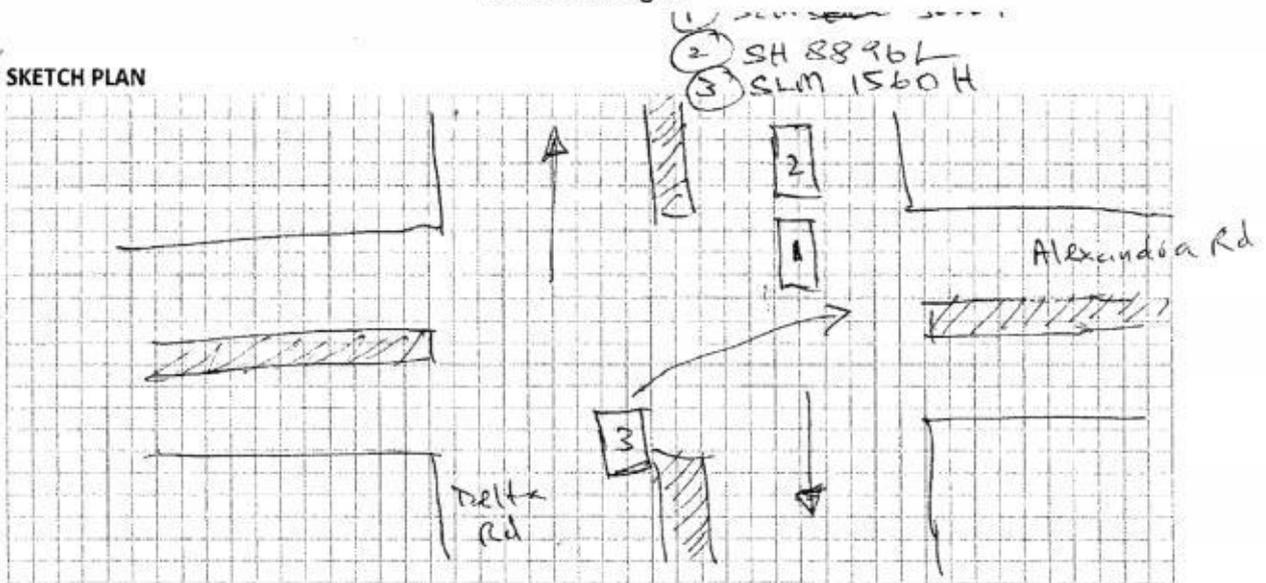
\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time: 18 Jun 19

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

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: Performance Motors Limited  
 NRIC/FIN No.: 33 Aionvanch Road  
 Singapore 159041

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Conditions : clear sunny and dry
Time : 5.50 pm - 6 pm.
Lights were green in my favour, I was driving straight towards Delta Rd.
Car 3 was waiting to turn right when I approached the junction.
Car 3 decided to suddenly turn right despite seeing me. I had to brake hard and fast to avoid hitting car 3.
No collision with Car 3.
I was then hit in the back by Car 2 about a second after braking to a full stop at the junction.
No physical injuries to the occupants of Car 1 & 2.

DECLARATION

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

Policyholder's Signature  
Date & Time: 18.5.2018

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

Reporting Centre Personnel's Signature  
Name: 103 Alexandra Road  
NRIC/FIN No: Jery Performance Centre  
Singapore 159041