

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	15/07/2019 16:01
Date Of Accident	15/07/2019 00:00
Exact Location Of Accident	29/31 TOH HEIGHTS CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA29U
Insured/Policyholder	
Name Of Registered Owner	TANG GAR KEOW
NRIC No	S1255953D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96307877
Alternative Phone No	OTHERS-96307877

Vehicle Particulars

Manufacturer	BENTLEY
Model	NEW FLYING SPUR W12
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-1902853MVPC/5
Cover Note Number	

Driver

Name of Driver	SIM KIM KOON
NRIC No	S1538230I
Date Of Birth	11/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1980
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91452717
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	60 FLORA DRIVE #06-39
Postcode	506858
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	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	3
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 BELOW STATEMENT/SKETCH PLAN ATTACHED: NOTE: VEHICLE NOT PRESENT WHEN ACCIDENT REPORT LODGE. PHOTO BY OWNER HANDPHONE.

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	SKS29M
Vehicle Make/Model/Colour	AUDI / RS6 AVANT 4.0 TFSI QUATTRO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFG29K
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Vehicle Make/Model/Colour	TOYOTA / ALPHARD MOONROOF CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	ELECTRIC BOX
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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.

15 JUL 2019



[Handwritten signature]

Policyholder's Signature
Date & Time:

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

15/07/19
3.55PM

IDAC KAKI BUKIT (VAC)
Reporting Centre
Name: Singapore 415933
NRIC/TEL No: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING IN CAR F, BENTLEY FLYING SPUR WIZ, STAJ29U AT THE TIME OF ACCIDENT. THIS IS A DAILY ROUTINE TO SHIFT THE CARS IN THE HOUSE OF MY EMPLOYER. AS I WAS REVERSING, THE DOOR SUDDENLY OPENED AND I QUICKLY GRAB THE HANDLE TO CLOSE IT BUT THE CAR WAS REVERSING ON ITS OWN AT FAST PACE. I TRIED TO STEP ON THE BRAKES TO NO AVAIL.

AFTER THE COLLISION, I ENGAGED TO 'D' TO MOVE THE CAR WANTING TO ASSESS THE DAMAGES BUT THE CAR ACCELERATED AND THE BRAKES WERE NOT WORKING..

I SWERVED THE CAR AND HIT THE GATE AND POWER BOX AND STARTER BOX JUST OUTSIDE THE HOUSE BEFORE THE CAR CAME TO A STOP. I THEN FORCED SWITCH OFF THE CAR AND INFORM MY EMPLOYER.

DECLARATION

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

15 JUL 2019

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/07/19
3:55PM

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature

Singapore 415933

Name:

NRIC/PIN NO.:

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Accident Photo



Accident Photo

