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	08/10/2019 17:24
Date Of Accident	07/10/2019 22:00
Exact Location Of Accident	PIE TOWARDS JURONG BEFORE TOH GUAN ROAD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB1164U
Insured/Policyholder	
Name Of Registered Owner	SYSTEM TECHNIC ENGINEERING PTE.LTD.
Co Reg No	200500254M
Email Address	SAM@STECHNIC.COM.SG
Mobile Phone No	(LOCAL) +65-96308721
Alternative Phone No	OFFICE-96308721
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29126802 TMV
Cover Note Number	
Driver	
Name of Driver	PANG SOON HUA (FENG SHUNHUA)
NRIC No	S7528120Z
Date Of Birth	17/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96308721
Fax Number	
Contact Number	OTHERS-96308721
EMail Address	SAM@STECHNIC.COM.SG

Address	BLK 546 JURONG WEST STREET 42 #09-113
Postcode	640546
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	AFTER RAIN
Road Surface	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

PLEASE REFER TO SKETCH PLAN

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	XD4952X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH LAI SENG
NRIC/Passport Number	S0206288G
Contact Number	90262335
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.

SYSTEM TECHNIC ENGINEERING PTE. LTD.
Co. Reg. No. 200500254M
37 Jalan Pemimpin #04-15 S'pore 577177
Email: admin@stechnic.com.sg
Tel: 6353 4788 Fax: 6353 4788

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

SKETCH PLAN

A) GBB1164U

B) XD4952X
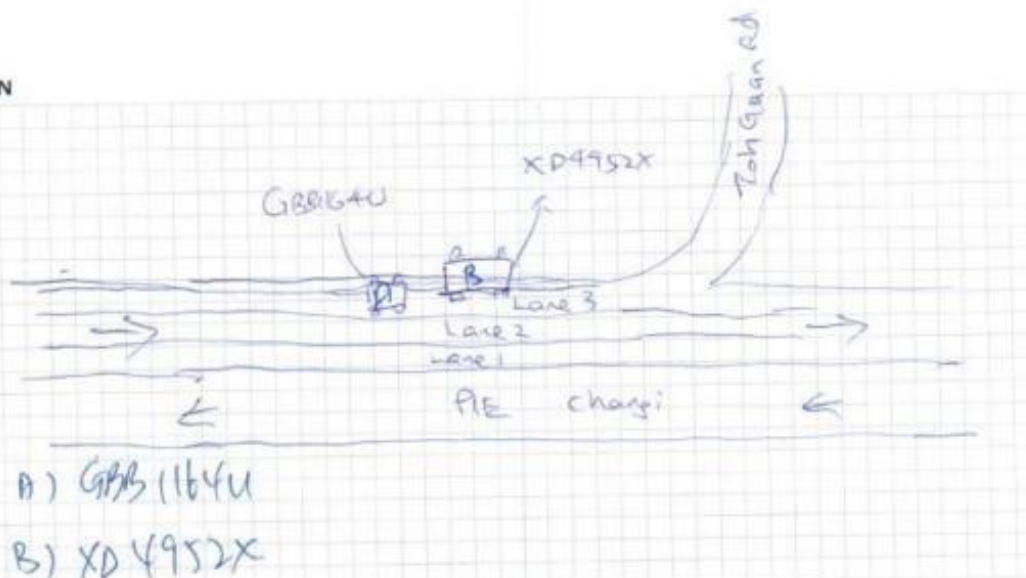
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

- Travelling towards PIE jump on 7/10/19 2200 Hrs.
- Hit onto Vehicle who was parking at road shoulder of expressway, quarter of body at lane 3 of expressway

DECLARATION

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

SYSTEM TECHNIC ENGINEERING PTE. LTD.
Co. Reg. No. 200500254M
37 Jalan Pemimpin #04-15 S'pore 577177
Policyholder's Signature   c.com.sg
Tel Date & Time:788 Fax: 8353 4788

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo

Accident Photo