

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	13/12/2019 16:49
Date Of Accident	08/12/2019 18:30
Exact Location Of Accident	TURF CITY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD9796Z
Insured/Policyholder	
Name Of Registered Owner	JUNGNICKEL MARTIN
NRIC No	SXXXX025Z
Email Address	JUNGNICKELMARTIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82289272
Alternative Phone No	OTHERS-97278043

Vehicle Particulars

Manufacturer	HYUNDAI
Model	MATRIX
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	THIRD PARTY
Fleet Policy	NO
Policy Number	B 27268775 TMP
Cover Note Number	

Driver

Name of Driver	JUNGNICKEL DAVID TIMOTHY
NRIC No	SXXXX568G
Date Of Birth	03/10/1995
Occupation	INDOOR
Date Of Driving Pass	07/09/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97278043
Fax Number	
Contact Number	OTHERS-82289272
Email Address	JUNGNICKELMARTIN@GMAIL.COM

Address	BLK 27 DOVER CRESCENT #18-27
Postcode	130027
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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)	2
Passenger 1	NAME: : FRIEND GENDER: : MALE

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	SKU1344K
Vehicle Make/Model/Colour	VOLKSWAGEN BETTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TIMOTHY LIM SHYEN EN
NRIC/Passport Number	SXXXX598I
Contact Number	94595890
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
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:

13/12/19

13:00h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

13/12/19

Reporting Centre Personnel's Signature

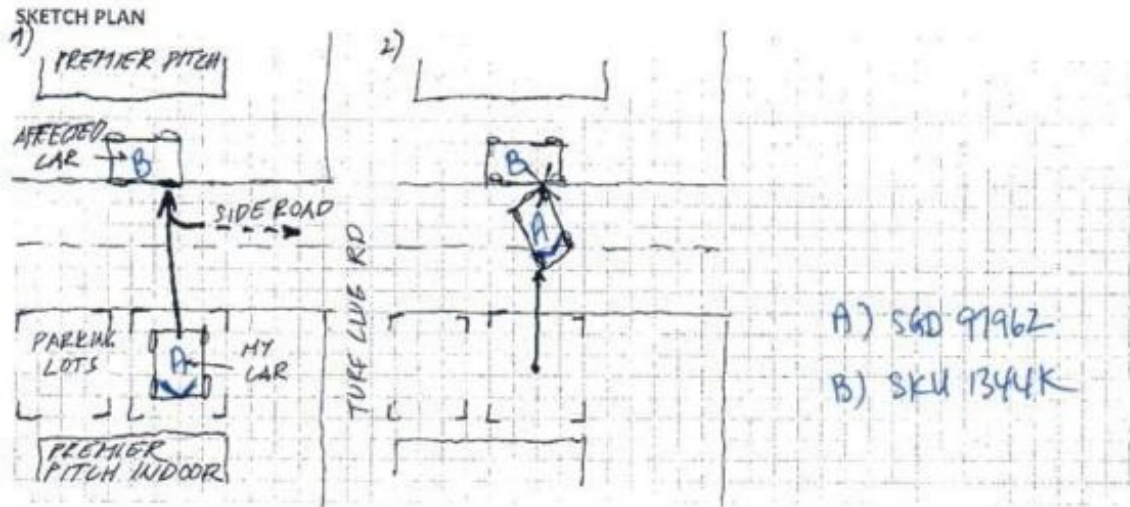
Name:

NRIC/FIN No.:

13/12/2019

Keshvi Thapar

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on the 8th of December 2019, at approximately 18:30 hours. I, David Jungnickel, entered my parked car at Turf City. I then began reversing out of the parking lot onto the main road (Side Road between Premier Pitch Indoor and Premier Pitch leading towards Turf Club Road). While reversing I checked my left and right for traffic along the road. I was reversing at approx. 5 km/h. Neither I, nor my front seat passenger considered to check behind us as we did not expect any cars to be parked along the side of the main road. Before I realized my mistake, the left rear of my car collided with the car. The car was parallel parked along the road, and my car bumped into its drivers side door. I immediately braked, and then reparked my car to assess the damage. After exchanging contact details, and taking photos of the damage, I left the scene.

The damage consisted of a medium sized dent in the drivers side front door of the affected parties. My car has a small dent on the right left rear.

DECLARATION

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

Policyholder's Signature
Date & Time: 13/12/19
13:00h

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/12/19

Reporting Centre Personnel's Signature
Name: 13/12/2019
NRIC/FIN No.: [Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
VEN: 5693300200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : X/NA419164343 Vehicle Registration No: SGD 97962
Name (as shown in NRIC) : JURGICKER DAVID TIMOTHY NRIC/FIN/Passport No : S9574
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97278043
Email Address : _____
Date of Accident : 08/12/2019 Time of Accident : 18:30
Place of Accident : Turf City Carpark
Insurance Company : MSIA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Vehicle Number (SGD 97962)

Policyholder / Driver's Signature
Date:

can 13/12/2019
Reporting Centre Personnel's Signature
Name: Joshua Lim
NRIC/FIN No:
Date:

Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66350020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA419164343-01 Vehicle Registration No: SGD9796Z
Name (as shown in NRIC) : JUNG NICKEL DAVID TIMOTHY NRIC/FIN/Passport No : SXXX568Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97278043
Email Address : _____
Date of Accident : 08/12/2019 Time of Accident : 18:30
Place of Accident : TURF CITY CARPARK
Insurance Company : MSH

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURER NAME TO JUNG NICKEL MARTIN.

Policyholder / Driver's Signature
Date:

[Signature] 17/1/2020
Reporting Centre Personnel's Signature
Name: Rehli
NRIC/FIN No.: W01013
Date: