

### 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	28/01/2020 15:04
Date Of Accident	23/01/2020 20:50
Exact Location Of Accident	CHOA CHU KANG CENTRAL BLK 234 OPEN CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8198B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA TIAN TENG
NRIC No	SXXXX812G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96165338
Alternative Phone No	OFFICE-96165338

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29120860QMY
Cover Note Number	

#### Driver

Name of Driver	CHUA BEE LING PAULINE
NRIC No	SXXXX324F
Date Of Birth	07/01/1981
Occupation	INDOOR
Date Of Driving Pass	28/01/1992
Driving Experience	27 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96608198
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 4 HILLVIEW CRESCENT  
 Postcode 669429  
 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 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**

MY CAR WAS PARKED WAITING A LOT OF CHOA CHU KANG CENTRAL BLK 234 OPEN CARPARK. CAR B (SMK572D) WAS REVERSING INTO OPP. LOT WHILE DOING SO HIS CAR HIT INTO MY CAR RIGHT REAR PORTION. I DID HAD AN OPERATION ON 7 JAN 2020.

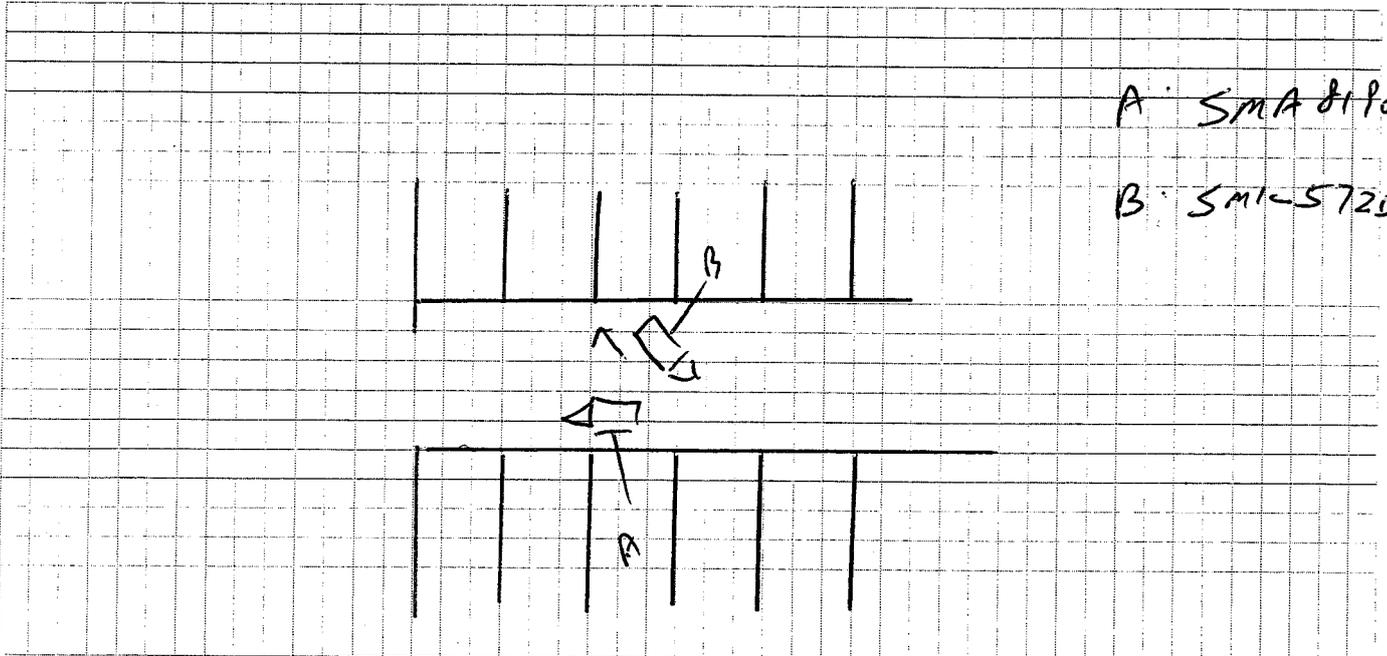
**Attachment(s)**

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 SMK572D  
 Vehicle Make/Model/Colour BMW  
 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)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Waiting a lot

My vehicle was parked in ~~front~~ of chow cheng central B11C 234 open car park. Vehicle SML-5720 was ~~reversing~~ reversing into opp lot, while doing so his vehicle hit into my vehicle SMA 8198B right rear portion.  
 I did had an operation on 07/01/2020.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Vincent Seah  
 Cycle & Carriage Industries Pte Ltd  
 Body Care & Repair Centre  
 1171 4001  
 HP: 8332 0069  
 Email: vincent.seah@cyclocarriages.com.sg  
 DID: 6372 2017

Policyholder's Signature

Date & Time

28/01/2020

12:35PM

Driver's Signature

(If driver is not the policyholder)

Date & Time

28/01/2020

12:35PM

Reporting Centre Personnel's

Name:

## 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 28/01/2020  
12:35pm

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)

Date & Time 28/01/2020  
12:35pm

\_\_\_\_\_  
Reporting Centre Person

Name:

DD: 671 4401  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
Email: vincent.seah@cyclearrangement.com.sg  
Tel: 671 4401  
Fax: 671 4401