

## 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	21/01/2020 15:26
Date Of Accident	21/01/2020 08:30
Exact Location Of Accident	FARRER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH760S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EURO-ASIA MOTOR
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93223322
Alternative Phone No	OFFICE-93223322

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	27558811MTR
Cover Note Number	

### Driver

Name of Driver	TAN CHIN HWA
NRIC No	SXXXX584Z
Date Of Birth	02/07/1971
Occupation	INDOOR
Date Of Driving Pass	11/12/1990
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93223322
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	187 JALAN KAMPONG CHANTEK
Postcode	587901
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 ATTACHMENT (ATTENDED BY: JAMES NG)

#### 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	SMA5934M
Vehicle Make/Model/Colour	NISSAN QASHQAI / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIMONE ROLFE
NRIC/Passport Number	SXXXX327Z
Contact Number	83716017 / +436606859860
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.



Policyholder's Signature  
Date & Time:



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

IDAC BUKIT BATOK (VAC)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6569 0722  
Email: vacbb@singnet.com.sg

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

### SKETCH PLAN

Refer  
Attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
Anhangment.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:



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

(If driver is not the policyholder)

Date & Time:

IDAS GROUP LTD (PAC)  
611 BURNBUSH STREET 23

611 North 3rd Street 23

Symptom 85546

Tel: 6580 5512 Fax: 6369 0722

Supporting Centre Personnel's Signature

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jln Kembangan Melati

Pantai Road

Cluny Park  
Residence

Jln Serene

Serene  
Centre



IDAC BUKIT BATOK (VAC)  
511 Bukit Batok St 23  
Singapore 659545  
Tel: 6567 9427 / 6560 3312  
Fax: 6569 0722  
Email: vacbb@singnet.com.sg



On 21/1/2020 at about 8.30am, I was traveling on Farrer Road towards Serene Centre in Vehicle no. SKH760S. The traffic was very heavy due to the early morning traffic. My vehicle was moving very slowly and came to a complete stop. Suddenly I hear a loud sound coming from the rear of my vehicle. Soon realising that a vehicle with a registration no of SMA5934M had collided into my vehicles rear. The driver, Miss Simone Rolfe, was trying to make a U turn to the opposite side of Farrer Road. In the process of squeezing her way out from the U turn area, her driver's front and rear door hit into the rear left passenger corner of my vehicle. My vehicle was stationary at the point of the accident.

We did not want to block the traffic so we moved our vehicles into Jalan Serene to exchange particulars.

VAC BUKIT BATOK (VAC)  
511 Bukit Batok St 23  
Singapore 659545  
Tel: 6567 9427 / 6560 3312  
Fax: 6569 0722  
Email: vacbb@singnet.com.sg



1/21/2020

Serene Centre (Commercial Building) - 10 Jalan Serene (S)258748

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**Serene Centre**  
10 Jalan Serene  
(S)258748

Map Directions

Map

Building Directory

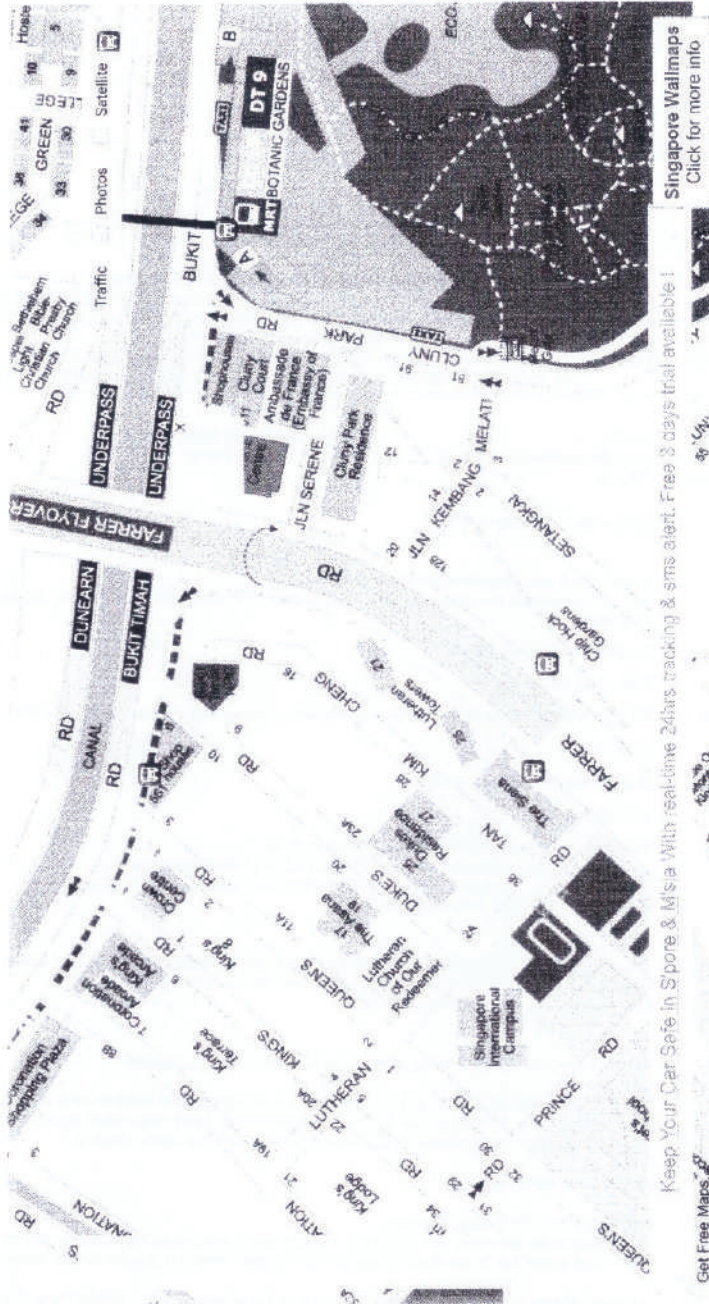
Photos

What's Nearby

Get Tips

Getting Here

Serene Centre, 10 Jalan Serene 258748



Keep Your Car Safe in Spore & M'sia With real-time 24hrs tracking & sms alert. Free 8 days trial available!

Singapore Wallmaps  
Click for more info

5 Things You Shouldnt Do  
If Hes Cheating On You

**ILAC BUKIT BATOK (VAC)**  
511 Bukit Batok St 23  
Singapore 650515  
Tel: 6567 5427 / 6567 3512  
Fax: 6569 3722  
Email: vacobt@singnet.com.sg



*Handwritten signature*

[https://www.streetdirectory.com.sg/serene-centre/10-jalan-serene-258748/7844\\_26679.html](https://www.streetdirectory.com.sg/serene-centre/10-jalan-serene-258748/7844_26679.html)