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	26/02/2020 09:32
Date Of Accident	25/02/2020 08:05
Exact Location Of Accident	REFLECTION AT KEPPEL BAY VIEW (DRIVEWAY)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE6874L
Insured/Policyholder	
Name Of Registered Owner	HO KWOK KEUNG PAUL
NRIC No	SXXXX048Z
Email Address	PHAUOL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91277151
Alternative Phone No	OTHERS-91277151
Vehicle Particulars	
Manufacturer	BMW
Model	116D
Exact Purpose for which vehicle was being used at time of accident	COMMUTE TO WORK
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	A 29117884 APO
Cover Note Number	
Driver	
Name of Driver	HO KWOK KEUNG PAUL
NRIC No	SXXXX048Z
Date Of Birth	06/06/1967
Occupation	INDOOR
Date Of Driving Pass	07/08/1998
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91277151
Fax Number	
Contact Number	OTHERS-91277151
EMail Address	PHAUOL@GMAIL.COM

Address	23 KEPPEL BAY VIEW #05-74
Postcode	098414
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	SIDE SWIPE
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: : WIFE GENDER: : FEMALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL7739B
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TIONG SOON STEPHEN
NRIC/Passport Number	SXXXX005E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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: Feb 25, 2020 16:17

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

26/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This morning at 08:05 am, I was driving from carpark to the driveway (Keppel Bay view), when I negotiated a bend, there was a mazada SLL 7739B coming towards my car. That car cross the middle divider and hitted my car at my front side bumper. Since it is at the corner and I have no space at my left side, my car was scratched.

THIS MORNING AT 08:05HRS, I WAS DRIVING FROM CARPARK TO TAFE DRIVEWAY (KEPPEL BAY VIEW) WHEN I NEGOTIATED A BEND, THERE WAS A MAZDA SLL 7739B COMING TOWARDS MY CAR. THAT CAR CROSS THE MIDDLE DIVIDER AND HITTED MY CAR AT MY FRONT RIGHT SIDE BUMPER. SINCE IT IS AT THE CORNER AND I HAVE NO SPACE AT MY LEFT SIDE. MY CAR WAS SCRATCHED.

PICTURE ATTACHED.

DECLARATION

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

Policyholder's Signature
Date & Time: Feb 25, 2020 16:32

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

26/02/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIAMIC SketchPlanForm_V3

Accident Photo

Accident Photo

Accident Photo

Accident Photo

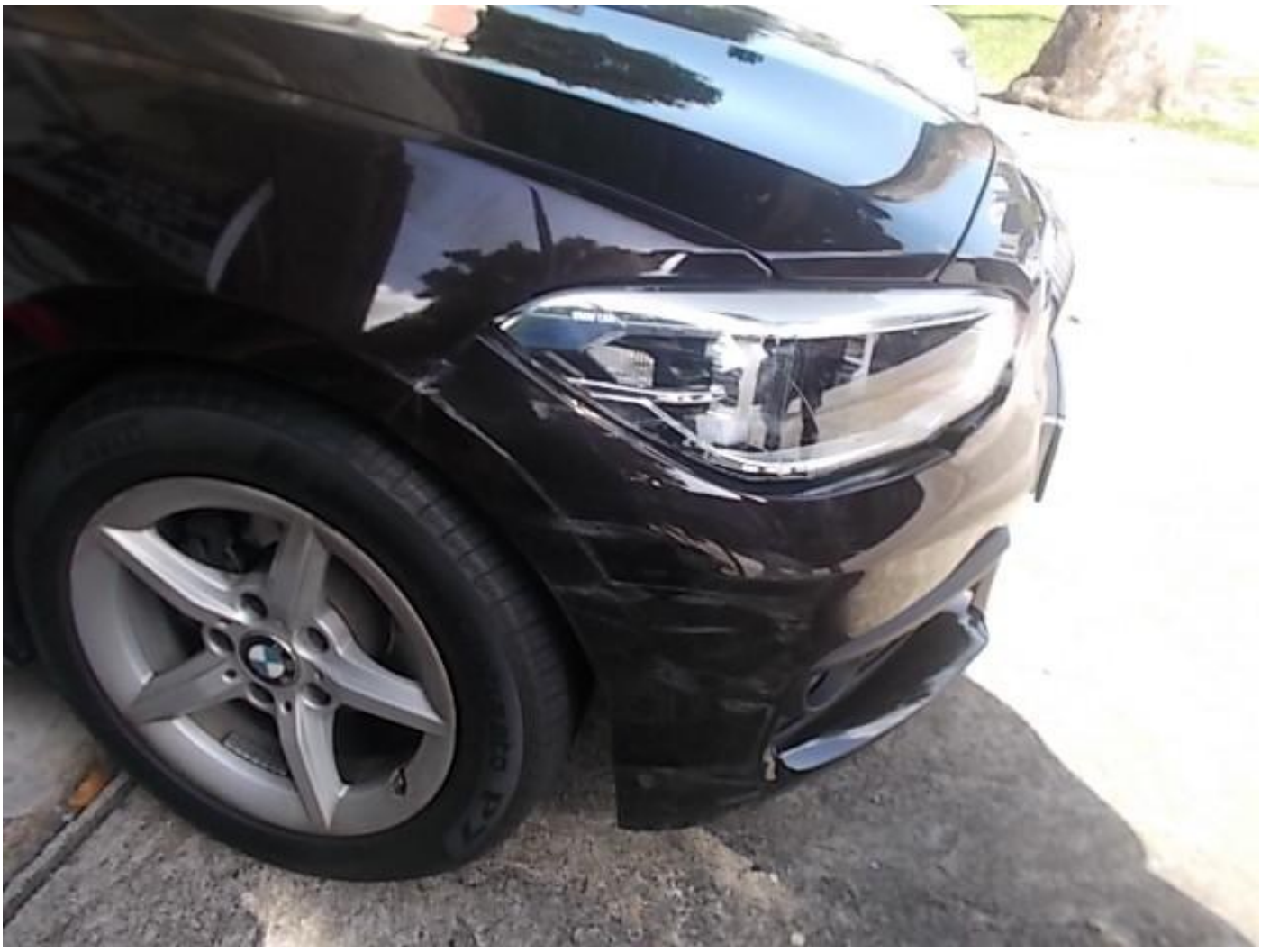
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

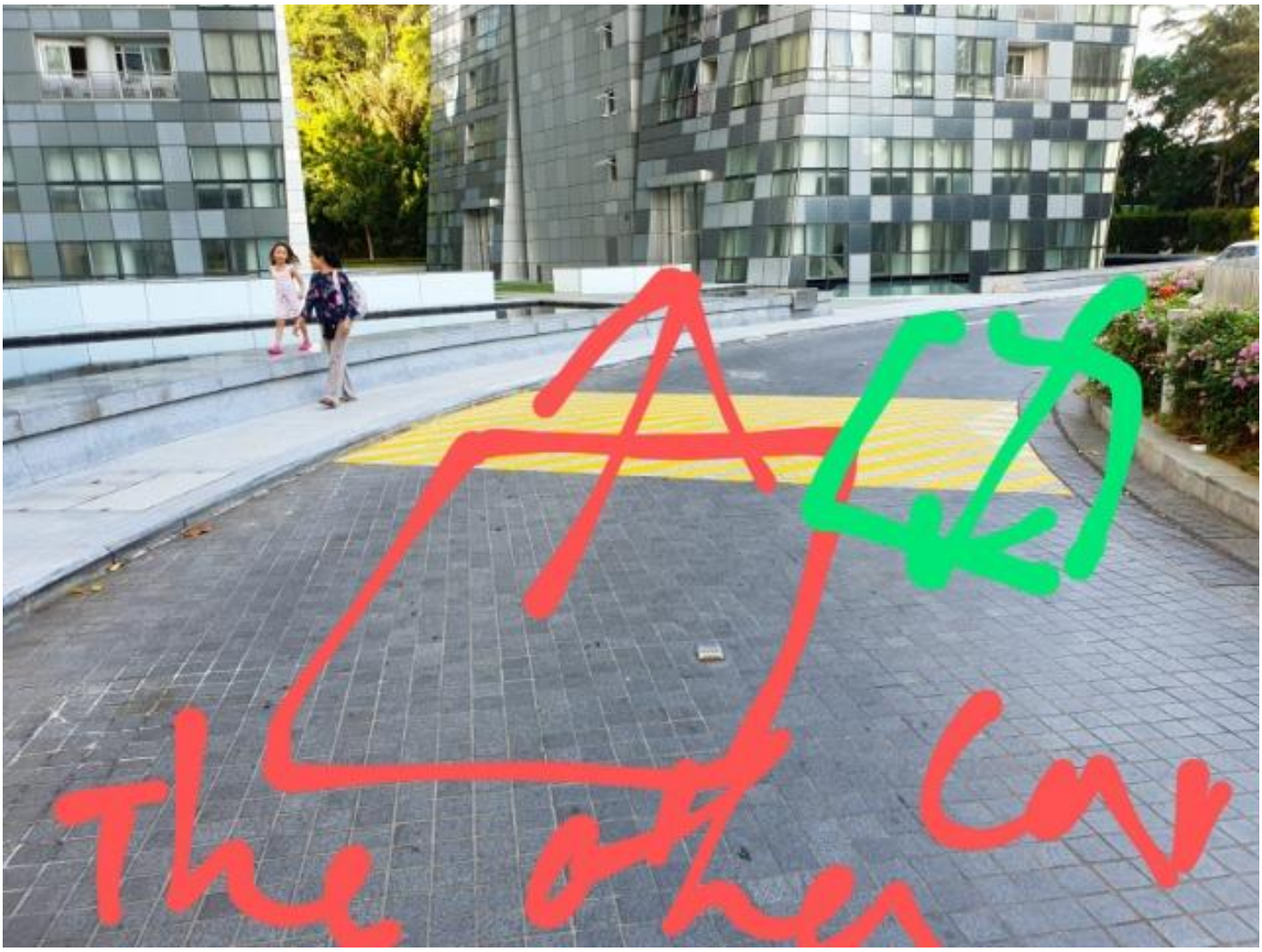
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

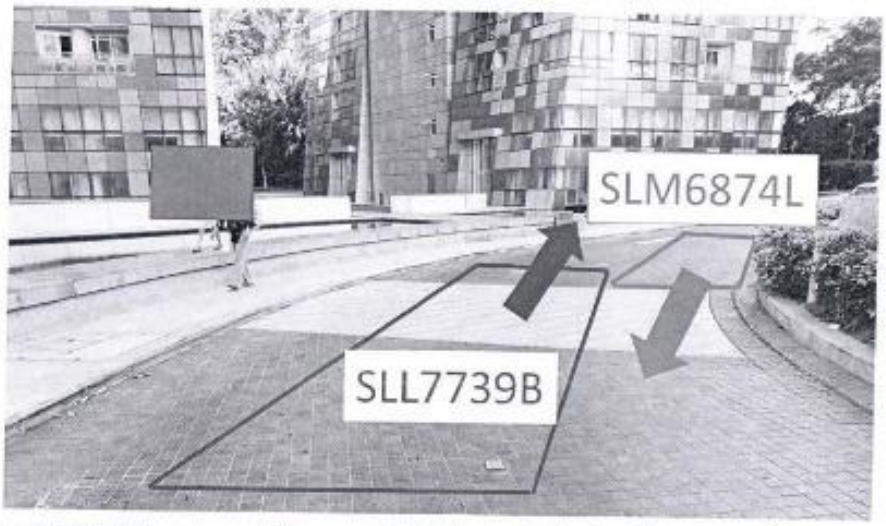


A series of screen shots from the video – View 1

26/02/2020

A normal angle view of the section of the road having the accident in reverse direction– view 2

A normal angle view of the section of the road having the accident in reverse direction– view 2



SLL7739B pass the middle metal tile on the right side, No space for SLM6874L to escape

av 26/07/2020

A series of screen shots from the video – View 2

26/01/2020

A series of screen shots from the video – View 3

26/02/2020

Accident Photo

Middle dividing metal tile
SLL7739B way passed the tiles

No space on SLE6874L left side to escape

A normal angle view of the section of the road having the accident – view 1

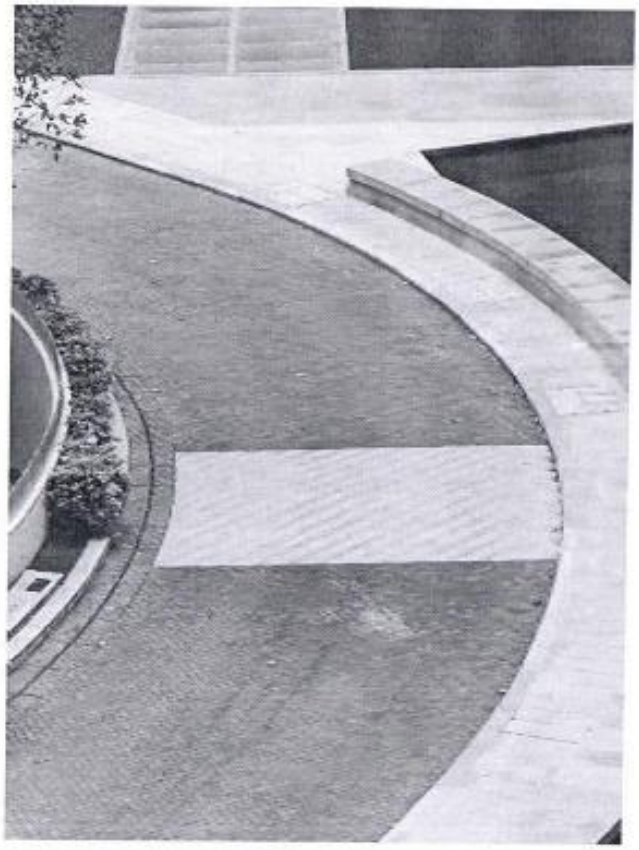
26/01/2020

Accident Photo

A normal angle view of the section of the road having the accident – view 2

Accident Photo

A normal angle view of the section of the road having the accident – view 3



A series of screen shots from the video – View 4

ablast 1000

A normal angle view of the section of the road having the accident in reverse direction– view 1

26/10/2022