

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 | 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? | YES |
| If No, Please state action to be taken | |
| 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

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:

Feb 25, 2020
16:17

Driver's Signature:

(If driver is not the policyholder)

Date & Time:

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 (Kappal Bay view), when I negotiated a bend, there was a Mazda SU 7739B coming towards my car. That car cross the middle divider and hit 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 08:05 HRS, I WAS DRIVING FROM CARPARK TO THE DRIVEWAY (KAPPAL BAY VIEW) WHEN I NEGOTIATED A BEND, THERE WAS A MAZDA SU 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: 26/02/2020
16:32

GGARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/02/2020

Reda Hassan

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



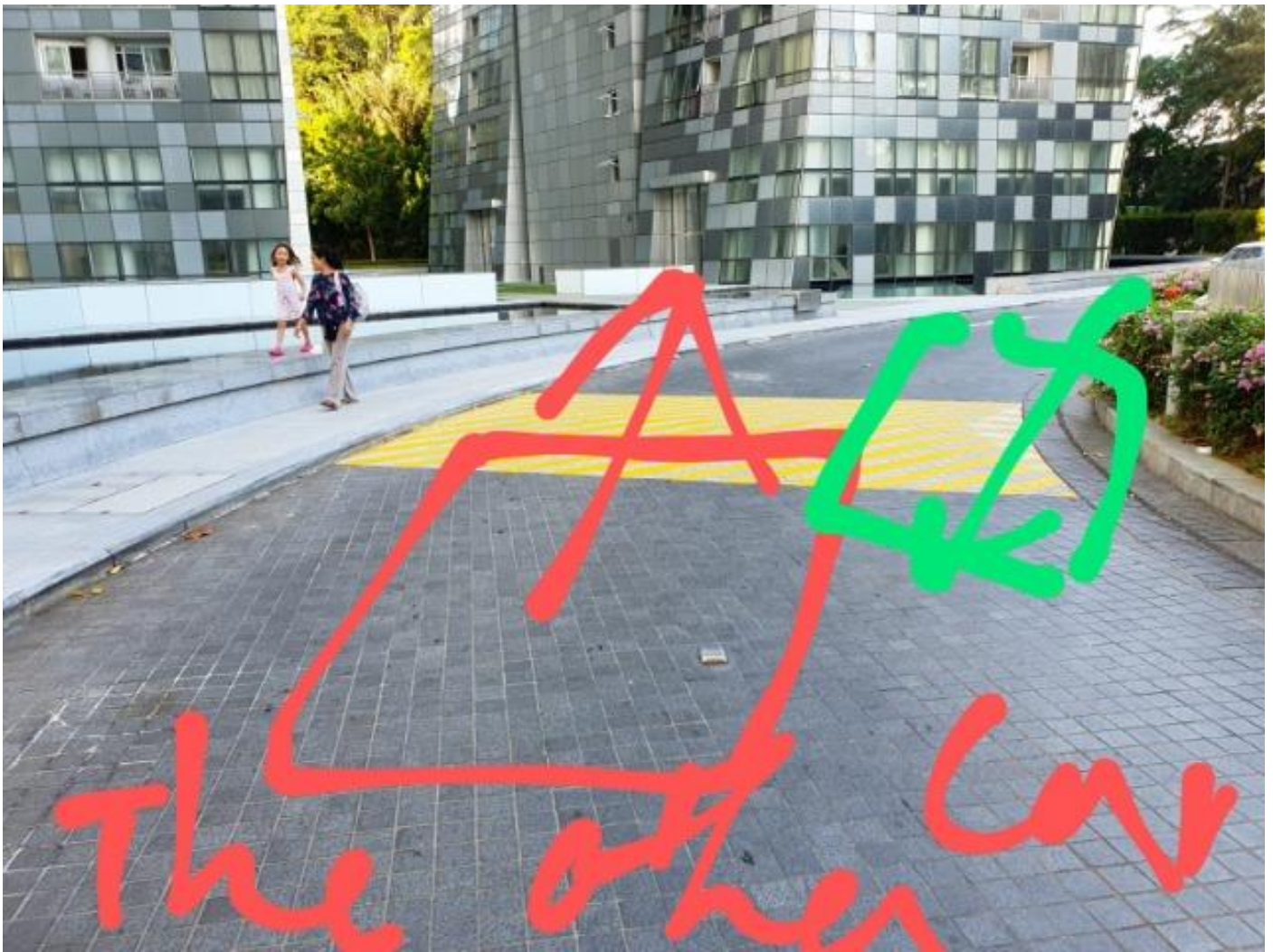
Accident Photo



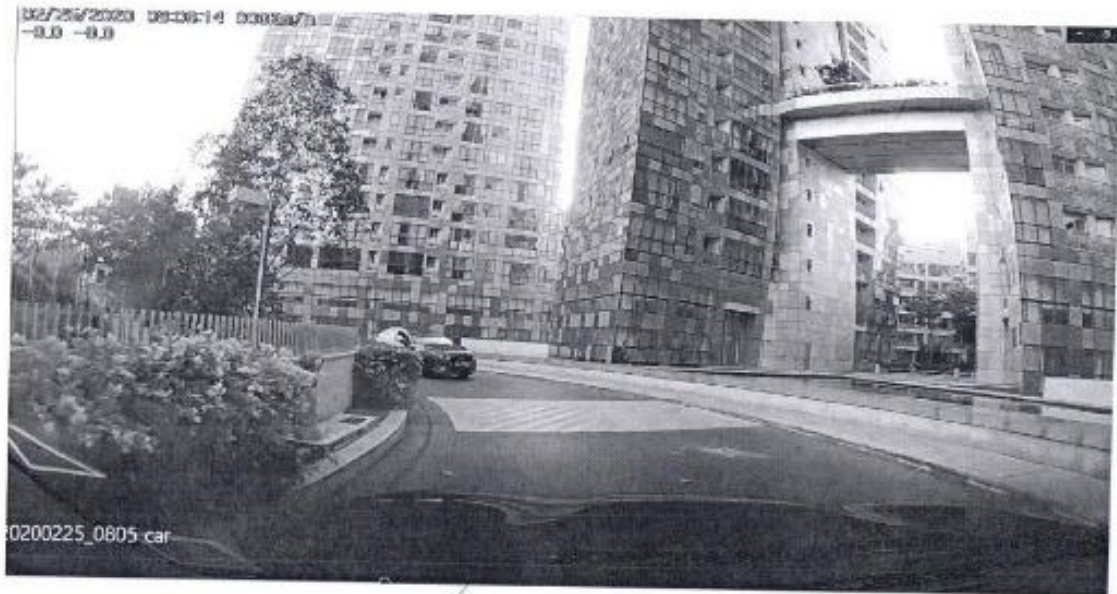
Accident Photo



Accident Photo



A series of screen shots from the video – View 1

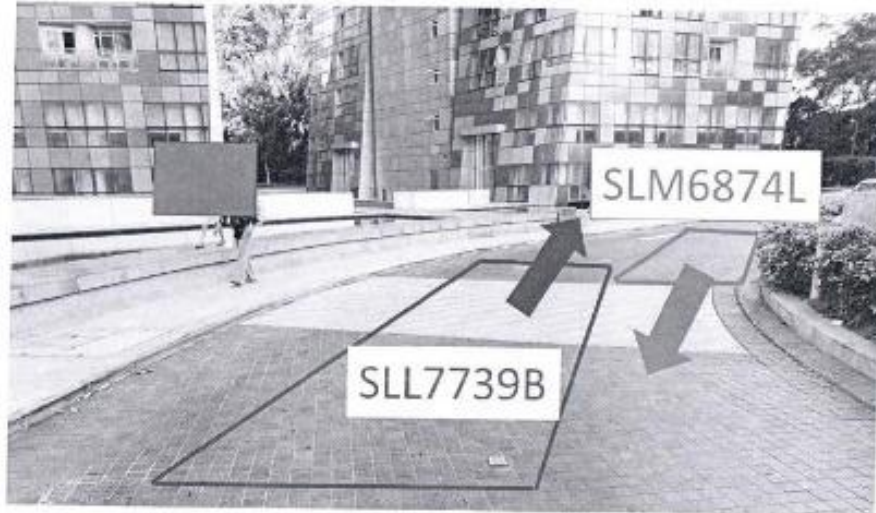


A normal angle view of the section of the road having the accident in reverse direction— view 2



26/01/2000

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 26/01/2020

A series of screen shots from the video – View 2



26/01/2020

Accident Photo

A series of screen shots from the video – View 3



Accident Photo



Accident Photo

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



26/07/2020

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

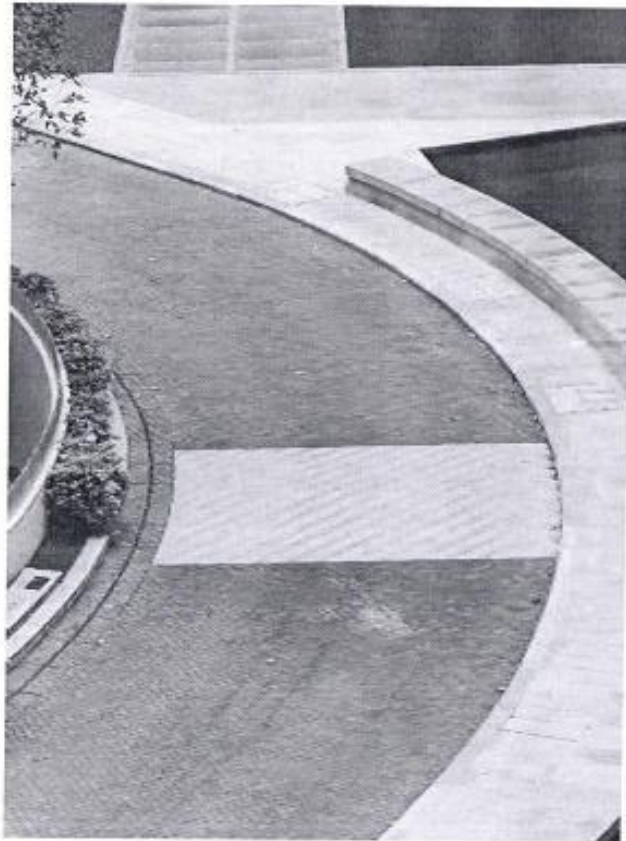


gt 26/01/2000

Accident Photo

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

26/07/2018



A series of screen shots from the video – View 4



20200225_0805 car

Accident Photo

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



26/11/2020

Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
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: S66550920G / 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: MAY 2025141 Vehicle Registration No: SLK 6874L
Name (as shown in NRIC): HO KWOK KALU'S PAUL NRIC/FIN/Passport No: SXXXXX082
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 9127751

Email Address: _____

Date of Accident: 25/01/2020 Time of Accident: 08:05

Place of Accident: RECONSTRUCTION AT KAPPALE BOY DIKW (DRAKUNY)

Insurance Company: MSIG

(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:

CLAIMANT FROM THIRD PARTY TO OWN DAMAGE CLAIM

Policyholder / Driver's Signature
Date:

03/03/2022
Reporting Centre Personnel's Signature
Name: Paul MAFAS
NRIC/FIN No.:
Date: