

## 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	16/03/2020 14:46
Date Of Accident	14/03/2020 17:55
Exact Location Of Accident	OPEN AIR CARPARK BESIDE BLK 49A JALAN TIGA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB35Y
Insured/Policyholder	
Name Of Registered Owner	LUXE CALIBRE PTE LTD
Co Reg No	2XXXXX317C
Email Address	WILSON@KKAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-90057626
Alternative Phone No	OFFICE-90057626
Vehicle Particulars	
Manufacturer	MCLAREN
Model	MP4-12C-3.8 (A)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 300266921 MPC
Cover Note Number	
Driver	
Name of Driver	TAN CHIN GEE
NRIC No	SXXXX213I
Date Of Birth	27/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90057626
Fax Number	
Contact Number	OTHERS-90057626
Email Address	WILSON@KKAUTO.COM.SG

Address	BLK 557 ANG MO KIO AVENUE 10 #08-1866
Postcode	560557
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

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	SJM1601Y
Vehicle Make/Model/Colour	MERCEDES BENZ C-CLASS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG NYUK YIN
NRIC/Passport Number	SXXXX697H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan

### 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.



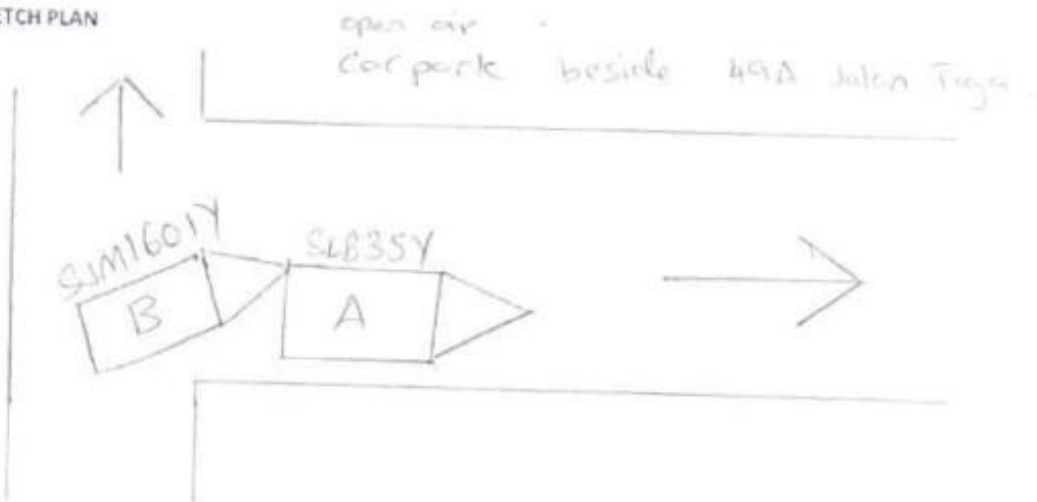
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRC/TIN No.:

## Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the 14<sup>th</sup> of March 2020, I had stopped my car inside the open air carpark beside UQA Jalan Tigr. There are 3 lanes inside the open-air carpark. I had stopped in the middle one-way road behind a vehicle waiting to exit the carpark when suddenly the vehicle SJM1651Y crashed into the rear bumper of my vehicle SLB35Y while trying to turn into the lane.

## DECLARATION

☐ We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time



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

Reporting Centre Person's Signature  
Name: *Robt. L. ...*  
ERIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



## 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: S663500200 / GST Reg. No.: A4400017735

**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 : MA420033007 Vehicle Registration No: SLB 35 Y  
Name (as shown in NRIC) : TEAN CHIA LIAH NRIC/FIN/Passport No : SXXXXX131  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 90057626  
Email Address : \_\_\_\_\_  
Date of Accident : 14/03/2020 Time of Accident : 17:52  
Place of Accident : OPEN AIR CARPARK BESIDE BIK Y9A JALAN TIGA  
Insurance Company : M816

#### (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:

DATE OF ACCIDENT TO 14/03/2020

Policyholder / Driver's Signature  
Date:

Rashid Wanas  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 17/03/2020