

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	20/06/2020 15:07
Date Of Accident	19/06/2020 20:10
Exact Location Of Accident	ALONG KELLOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ6868K
Insured/Policyholder	
Name Of Registered Owner	GAN KOK KOON
NRIC No	SXXXX680J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96872508
Alternative Phone No	OTHERS-96611547

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B170
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29088103 QMX
Cover Note Number	

Driver

Name of Driver	GAN YANJU (YAN YANJU) @BOBBY GAN
NRIC No	SXXXX719G
Date Of Birth	01/10/1982
Occupation	INDOOR
Date Of Driving Pass	08/11/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96872508
Fax Number	
Contact Number	OTHERS-96611547
Email Address	NOEMAIL

Address	8 HAIGSVILLE DRIVE
Postcode	438703
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

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	SCW225L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RICKY WEI WATT YEO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

Guo Hock Koon

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

20 JUN 2020
11:00 AM

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

20/06/2020
Reed W...
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Along Kellock Road

REVERSE

A) SJ 6068 K

B) SCW 225C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19 JUN 2020 AT APPROXIMATELY 8:07 PM, I WAS DRIVING ALONG KELLOCK ROAD AND ENCOUNTERED THE DRIVER OF SCW 225 L MR RICKY WEI WATT YEO (I/C NO S6827986J) WHO WAS TRYING TO REVERSE INTO A PARALLEL PARKING LOT. HE SIGNALED HIS INTENTION TO REVERSE INTO THE PARALLEL PARKING LOT AND HIS VEHICLE'S REVERSE LIGHTS WERE ACTIVATED. I STOPPED ABOUT 2 CAR LENGTHS BEHIND HIM TO GIVE HIM AMPLE SPACE TO EXECUTE HIS MANEUVER. UNEXPECTEDLY, HE OVERSHOT THE PARALLEL PARKING LOT RESULTING IN A REAR LEFT-TO-FRONT RIGHT COLLISION. I SOUNDED THE HORN TO WARN HIM OF THE IMPENDING COLLISION BUT HE CONTINUED TO REVERSE. I HAD INSUFFICIENT REACTION TIME AS I WAS SOUNDING THE HORN EXPECTING HIM TO DRIVE FORWARD TO AVOID A COLLISION. UNFORTUNATELY, THAT DID NOT HAPPEN. I WAS RATHER TAKEN ABACK AT THE TIME AS RATIONALITY TELLS ME THAT HE SHOULD HAVE RIGHTFULLY CHECKED HIS REAR- AND SIDE-VIEW MIRRORS WHILST REVERSING, AND HAD HE SEEN MY STATIONARY VEHICLE BEHIND HIS, HE SHOULD HAVE RIGHTFULLY STOPPED REVERSING. ATTACHED TO THIS REPORT IS A VIDEO RECORDING OF THE INCIDENT. THERE IS NO AUDIO IN THE VIDEO RECORDING AS MY IN-CAR CAMERA DOES NOT CAPTURE AUDIO.

DECLARATION

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

Gan Kok Koon

Policyholder's Signature
Date & Time:

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

20 JUN 2020
11:00 AM

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

