

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	16/11/2020 09:11
Date Of Accident	13/11/2020 13:10
Exact Location Of Accident	12 SIGLAP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5884U
Insured/Policyholder	
Name Of Registered Owner	PATROCLUS SUHERMAN
NRIC No	SXXXX225D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97512230
Alternative Phone No	OFFICE-97512230

Vehicle Particulars

Manufacturer	FORD
Model	SMAX 2.0 TITANIUM TDCI (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B300328946SVP
Cover Note Number	

Driver

Name of Driver	LIZA HARDEWI
NRIC No	SXXXX739J
Date Of Birth	13/04/1969
Occupation	INDOOR
Date Of Driving Pass	09/10/2004
Driving Experience	16 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98315275
Fax Number	
Contact Number	OFFICE-98315275
Email Address	NOEMAIL

Address	BLK 31 JALAN SEMPADAN #04-08
Postcode	457403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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 TO STATEMENT.

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	SMM4209S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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:



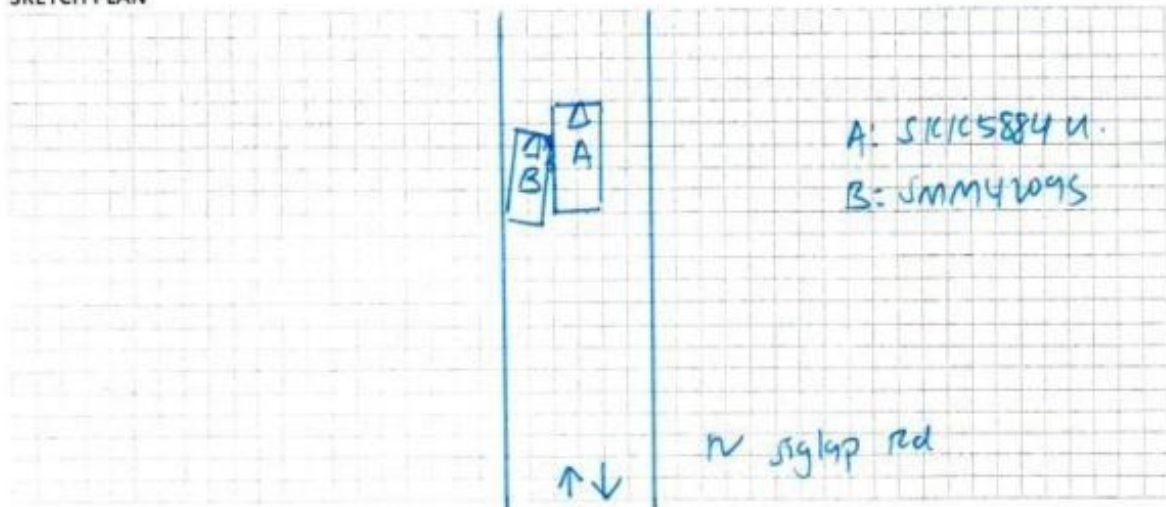
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along rv siglap rd. Suddenly vehicle B came out from my left side and hit onto left portion of my vehicle.

DECLARATION

I/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 Personnel's Signature
 Name:
 NRIC/FIN No.:



V-TEC ASIA AUTOMOTIVE PTE LTD



ACCIDENT PRIVATE SETTLEMENT FORM

1. Details of Accident
Date / Time: 13th Nov 2020 / 01:10 pm
Location: In Front of House Number 12 : 12 Siglap Road
- 2a. Motor-vehicle registration no. SKK 5884 U driven by Ms Liza Hardewi S6984739J
(Name & NRIC).
- 2b. Motor-vehicle registration no. SMM 4209 S driven by Abdul Rahim Bin Kassim S1312746H
(Name & NRIC).
3. There were no personal injuries or death involved.
4. The parties have agreed to settle this matter amicably as follows:
 - *a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.
 - *b. Without any admission of liability, Abdul Rahim Bin Kassim (Party paying compensation) will repair the car SKK 5884 U as per quotation from V-TEC ASIA AUTOMOTIVE PTE LTD number Q20200005/050 which Ms Liza Hardewi (Owner receiving compensation) hereby accept as final settlement of all damages and cost incurred and/or to be incurred as a result of the accident.
 - *c. That Ms Liza Hardewi S6984739J (Name & NRIC no.) have received the aforesaid vehicle in good running order and damages that were caused as a result of the above-mentioned accident were repaired to satisfaction.
5. Both parties have not and will not make a police report of this accident.
6. Both parties will not file any accident claims for this accident.

Name: Abdul Rahim Bin Kassim

NRIC: S1312746H

Date: 17/11/2020

Signature: _____

(Paying Party)

Name: Ms Liza Hardewi

NRIC: S6984739J

Date: 17/11/2020

Signature: 

(Party receiving compensation)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Addendum Sheet



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: S665500206 / 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 : _____ Vehicle Registration No: SKK 5884 U
Name(as shown in NRIC) : PATROCLUS SUHERMAN NRIC/FIN/Passport No : S 6860225 D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 31 JALAN SEMPADAN, #04-08 Singapore 457408
Contact (Tel) : _____ Mobile No. : 97512230
Email Address : patroclus.suherman@gmail.com
Date of Accident : 13/11/2020 Time of Accident : 13.10
Place of Accident : 12 SIGLAP RD
Insurance Company: MSIG Insurance

(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:

The purpose of the report is "for Reporting Purpose Only". No insurance
claim will be made by either parties. The compensation will be
done through private settlement.

Policyholder / Driver's Signature
Date: 16 NOV 2020

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