

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 Submission 03/12/2020 12:55 (SGT)
Date of Accident 02/12/2020 18:05 (SGT)
Exact Location of Accident 323 Clementi Ave 5, Block 323, Singapore 120323
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCH6866B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner QUEK CHENG CHYE RONNIE
NRIC No SXXXX771D
Email Address ronniequekcc@yahoo.com
Mobile Phone No (Phone) +65-97308395
Alternative Phone No +65-97308395

VEHICLE PARTICULARS

Manufacturer Volvo
Model GOLF A7 1.4 TSI AT 5G13GZ SR HID
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300340381 QMX
Cover Note Number -

DRIVER

Name of Driver QUEK CHENG CHYE RONNIE
NRIC No SXXXX771D
Date Of Birth 04/06/1954
Occupation Indoor

Date Of Driving Pass	26/08/1982
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97308395
Alt. Phone Number	+65-97308395
Email Address	ronniequekcc@yahoo.com
Address	#13-02
Address complement	39 MOUNT SINAI RISE
Postcode	276957
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SMK5906S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN SOOK LING
Contact Number	(Phone) +65-92779226
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	FRONT RIGHT
No. Of Passenger (Including Driver)	1

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: 2022-03-12 12:31

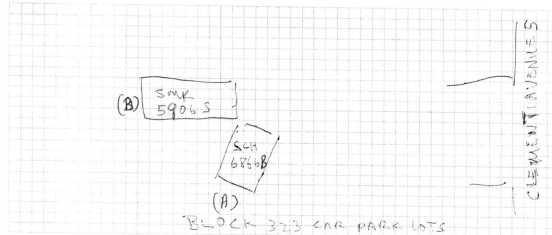
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/RC Sketch Form_V3

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE & TIME : 2 DECEMBER 2020 AT ABOUT 6.05PM
 I WAS DRIVING OUT OF CAR PARK LOT. MY CAR
 SMK 68568 COLLIDED WITH SMK 5906S. IMPACT
 AT LEFT BUMPER OF MY CAR WITH RIGHT BUMPER
 CORNER OF SMK 5906S. DRIVER IS MS. CHAN
 SOOK LING. PHOTO OF DAMAGE SUPPLIED. NO
 INJURY TO ANY PERSON.

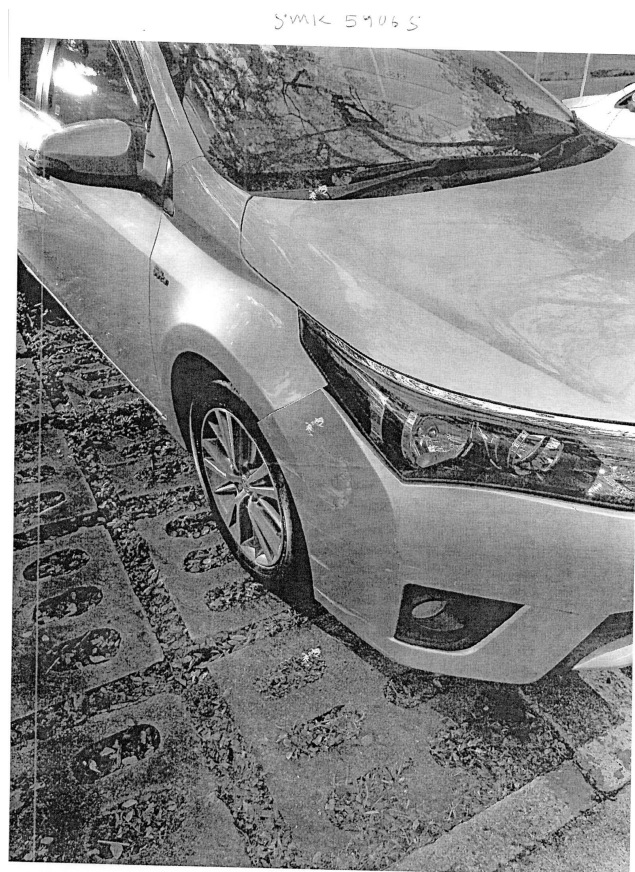
DECLARATION

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

Policyholder's Signature
 Date & Time: 3-12-2020
 12:31

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

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

























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6724 0020 Fax (65) 6724 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: SN0820C30002 Vehicle Registration No: SCA6866B
Name (as shown in NRIC): BUKAR CHAIK CHYE BUKAR NRIC/FIN/Passport No: S50007715
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 11/01 Time of Accident: 02/12/2020
Place of Accident: 313 CLANNAM BLVD
Insurance Company: MILIT

(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:

1/P. VEHICLE NUMBER IS SMC 59065 AND SKETCH PLANN

Policyholder / Driver's Signature
Date: _____

11/01/2021
Reporting Centre Personnel's Signature
Name: Keshu Narayan