

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 20/01/2021 15:47 (SGT)
Date of Accident 20/01/2021 14:10 (SGT)
Exact Location of Accident Near 387A Upper Aljunied Rd, Singapore 367873
Additional Location Information 389 UPPER ALJUNIED ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGJ8080E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHER SIEW HONG
NRIC No SXXXX740Z
Email Address CHER@ACWE.COM.SG
Mobile Phone No (Phone) +65-93836635
Alternative Phone No (Home) +65-90093933

VEHICLE PARTICULARS

Manufacturer Nissan
Model Serena
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 52001339
Cover Note Number -

DRIVER

Name of Driver TAN KIM GUAN
NRIC No SXXXX019D
Date Of Birth 16/07/1957
Occupation Indoor

Date Of Driving Pass	06/10/1982
Driving experience	38 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90093933
Alt. Phone Number	-
Email Address	RICKYTANKG@GMAIL.COM
Address	APT BLK 104 JALAN RAJAH
Address complement	#23-58
Postcode	321104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Parked Vehicle
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)	0
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

SEE ATTACHED SKETCH PLAN, SCENE PHOTO AND PHOTO DAMAGED OF THE VEHICLE

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	YQ1995L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	HUANG XING
Passport No/FIN	GXXXX220U
Contact Number	(Phone) +65-97166547
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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 :

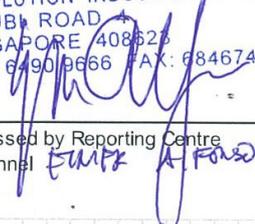
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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")

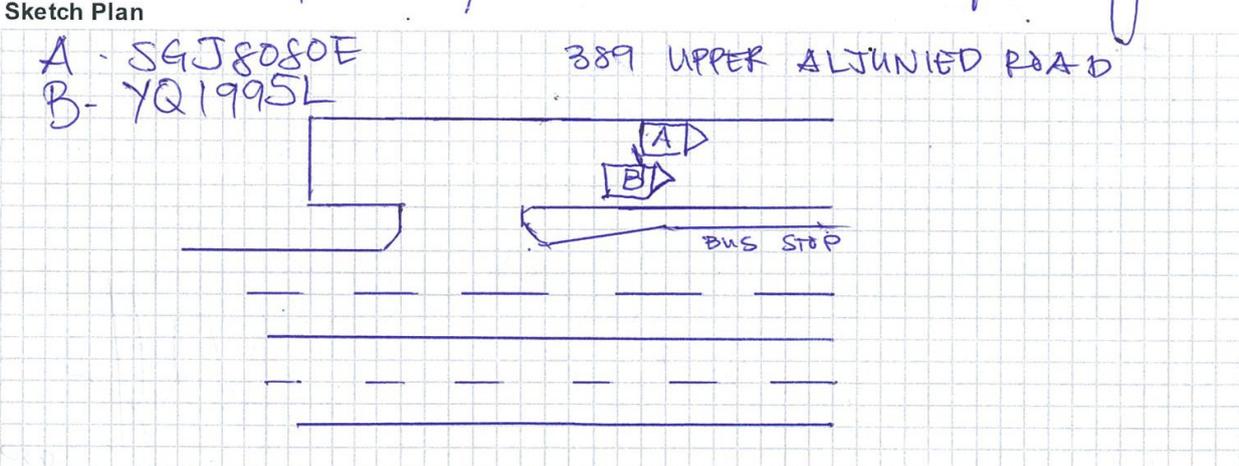
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.


 Policyholder's Signature / Date & Time
 20/01/2021 3:20 pm

 20/01/2021 3:20 pm
 Driver's Signature (If driver is not the policyholder) / Date & Time

AUTOLUTION INDUSTRIAL PTE LTD
 19 UBI ROAD
 SINGAPORE 408628
 TEL: 64903666 FAX: 68467483

 Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Our vehicle was parked along the parking space in 389 Upper Aljunied Road. Upon returning to my car, I heard a loud bang and a lorry (YQ 1995L). The left door of the lorry wasn't closed and suddenly it open and crashes into the right taillight of my car, shattering the rear wind screen as shown in the pictures taken.

The driver looked shocked and he is an employee. He called his boss and I spoke to him and he said he heard his employee told him, his' vehicle hit my car. I told him I am going back to Nissan to repair the vehicle and told him he is liable to pay for the damages.

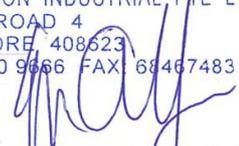
Declaration

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


 Policyholder's Signature / Date & Time
 20/01/2021
 3:20 pm


 Driver's Signature (If driver is not the policyholder) / Date & Time
 20/01/2021
 3:20 pm

AUTOLUTION INDUSTRIAL PTE LTD
 19 UBI ROAD 4
 SINGAPORE 408623
 TEL: 6490 9666 FAX: 68467483


 Witnessed by Reporting Centre Personnel
 EMMK *11PMSD

















