



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	26/01/2021 13:51 (SGT)
Date of Accident	23/01/2021 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOEWEN CLUSTER CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8243S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER RENT A CAR PTE LTD
Company Reg No	2XXXXX929E
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62141101

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	B 400000408 MCX
Cover Note Number	-

DRIVER

Name of Driver	CHRISTENSEN JANE ELIZABETH
NRIC No	GXXXX130Q
Date Of Birth	12/07/1975
Occupation	Outdoor



Date Of Driving Pass	10/03/2006
Driving experience	14 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86060614
Alt. Phone Number	-
Email Address	JCHRISTE33@YAHOO.COM
Address	398 #18-02
Address complement	KALLANG ROAD, RIVERINE BY THE PARK
Postcode	339098
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Hit and run / Vandalism / Damaged whilst parked
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

REFER TO ATTACH

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	SLF8826H
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CAROLINE GEORGIA BIARD BILLON
NRIC No	SXXXX234C
Contact Number	(Phone) +65-81388454
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.
- (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.

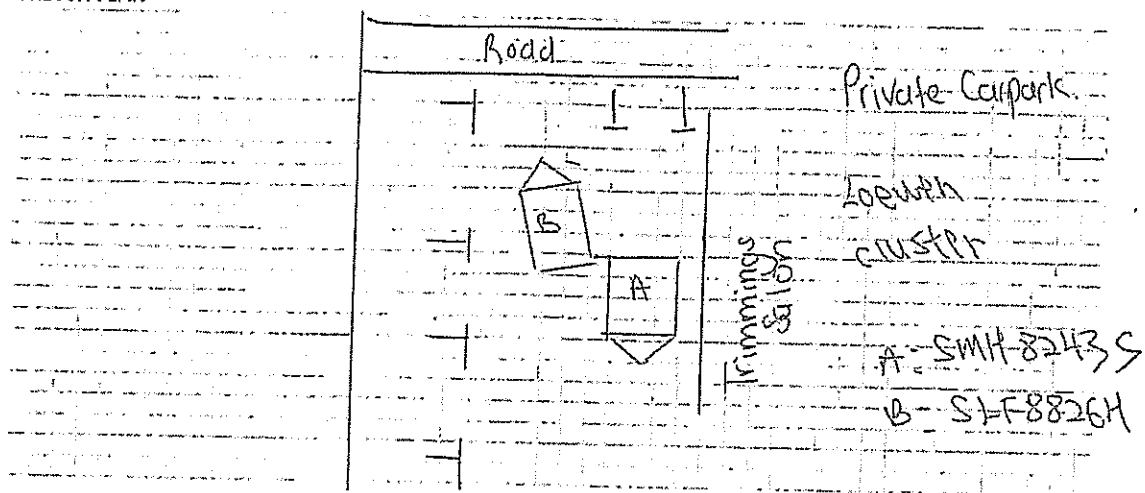


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer attach

DECLARATION

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



true in every respect.

- Describe Circumstance of the Accident.

ON THE DAY 23.01.21, I SECURED AND PARKED MY VEHICLE SMH8243S AT LOEWEN CLUSTER CARPARK AND WENT TO THE SALON NEXT DOOR.

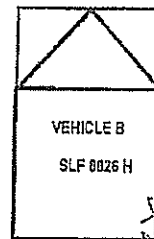
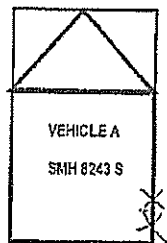
MY PARTNER, JONATHAN WILLIAMS WAS WALKING BACK TO THE SALON FROM GETTING A COFFEE AND HEARD A BANG. HE WALKED TO MY PARKED VEHICLE AND SAW VEHICLE(SLF8826H) COLLIDED ONTO MY VEHICLE.

HE THEN TOOK DETAILS AND PICTURES AT THE SCENE.

I AM FILING THIS REPORT FOR INSURANCE CLAIM PURPOSES.

NO INJURY INVOLVED.

DAMAGES FOUND ON VEHICLE A, B



[Handwritten Signature]
Driver's Signature
Tuesday, January 26, 2021


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SLF8826H

Date of Accident

23/01/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance**Period of Insurance **14/09/2020 - 13/09/2021**Requested By **GOH WEE DEK (PREMIER AUTO...**Requested Date **26/01/2021 10:08****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

