

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	01/02/2021 14:18 (SGT)
Date of Accident	31/01/2021 15:40 (SGT)
Exact Location of Accident	Marina Boulevard, Singapore
Additional Location Information	JUNCTION TURNING INTO SHEARES AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT282A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YIK YENG WEE
NRIC No	SXXXX347A
Email Address	CKM.WUFY@GMAIL.COM
Mobile Phone No	(Phone) +65-97834033
Alternative Phone No	+65-97837844

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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	Comprehensive
Fleet Policy	No
Policy Number	P90329681DMA
Cover Note Number	-

DRIVER

Name of Driver	CHONG KHIN MIN
NRIC No	SXXXX459Z
Date Of Birth	17/08/1965
Occupation	Indoor

Date Of Driving Pass	29/07/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97837844
Alt. Phone Number	-
Email Address	CKM.WUFY@GMAIL.COM
Address	861 OLD HOLLAND ROAD
Address complement	#01-04, ILLOURA
Postcode	278684
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YIK YENG WEE
Gender	Female

PASSENGER 2

Name	ALICIA CHONG
Gender	Female

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

ON SUNDAY 31/1/2021 @ APPROX 3:40PMM AT TRAFFIC LIGHT JUNCTION (MARINA BOULEVARD TURNING LEFT INTO SHEARES AVE TOWARDS ECP)

MY CAR (SDT 282 A) WAS ON LANE 3 MARINA BOULEVARD TURNING LEFT INTO SHEARES AVE.

THE OTHER CAR (SMH 9386 G) WAS ON LANE 2 (LEFT TURN ONLY) SUDDENLY WENT STRAIGHT INSTEAD OF TURNING LEFT. SMH 9386 G KNOCKED INTO MY CAR WAS A RESULT. MY CAR SDT 282 A SUFFERED DAMAGE TO PASSENGER SIDE FRONT FENDER AND DOOR AND FRONT BUMPER.

WE STOPPED AT SHEARES AVE ON THE SIDE WITH EMERGENCY HAZARD LAMPS ON.

DRIVER (SMH 9386 G) ADMITTED LIABILITY AND STATED HE WAS WRONG TO GO STRAIGHT. HE WAS ON LANE 2 MARINA BOULEVARD TURNING LEFT ONLY LANE.

WE BOTH AGREED WE WILL EXCHANGE DRIVERS' PARTICULARS ETC.

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	SMH9386G
Vehicle Manufacturer	Subaru
Vehicle Model	Forester
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

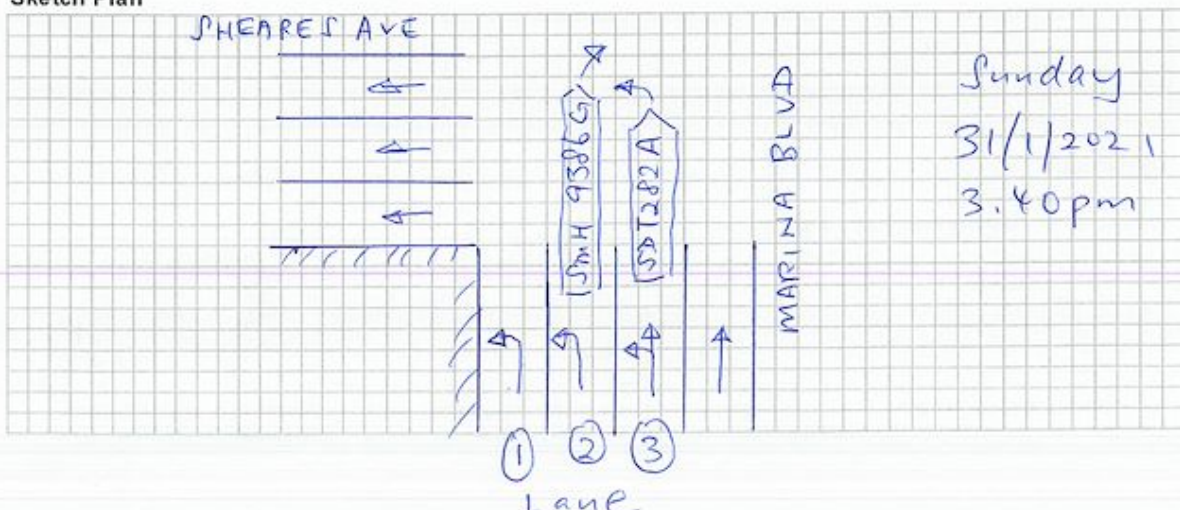


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On Sunday 31/1/2021 @ approx 3.40pm at Traffic light junction (Marina Boulevard turning LEFT into Sheares Ave towards ECP).

My car (JDT 282A) was on Lane (3) Marina Boulevard turning left into Sheares Ave.

The other car (SMH 9386 G) was on Lane (2) (Left Turn lane only) suddenly went straight instead of turning left.

SMH 9386 G knocked into my car as a result. My car JDT 282A suffered damage to Passenger side front fender and Door and front bumper.

We stopped at Sheares Ave on the side with emergency hazard lamps on.

Driver (SMH 9386 G) admitted liability and stated he was wrong to go straight. He was on Lane (2) Marina Boulevard turning Left only lane.

We ~~also~~ both agreed we will exchange drivers' particulars & etc.

Declaration

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

Witnessed by Reporting Centre Personnel































































































