

## 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	08/02/2021 14:51 (SGT)
Date of Accident	06/02/2021 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Waterloo Street towards Albert Street (B/F Junction of Middle Road)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9935M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	QSA Resources Pte Ltd
Company Reg No	2XXXXX003Z
Email Address	ishareauto@gmail.com
Mobile Phone No	(Phone) +65-96647215
Alternative Phone No	(Office) +65-62755333

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	A29147105AT2
Cover Note Number	-

### DRIVER

Name of Driver	Sim Kwong Yuen
NRIC No	SXXXX236J
Date Of Birth	26/10/1948

Occupation	Outdoor
Date Of Driving Pass	29/11/1973
Driving experience	47 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96647215
Alt. Phone Number	-
Email Address	ishareauto@gmail.com
Address	Blk 942 Tampines Avenue 5 #12-241
Address complement	-
Postcode	520942
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Major/Minor Rd
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	Margaret
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

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	SBT11P
Vehicle Manufacturer	-
Vehicle Model	-
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****IMPORTANT NOTICE**

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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.



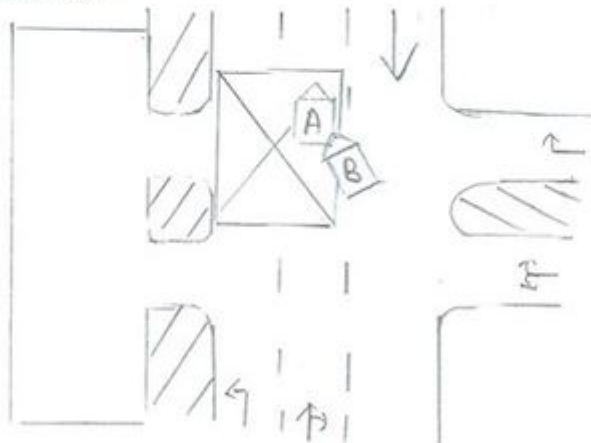
IDAC KAKI BUKIT (VICOM LTD)

23 KAKI BUKIT AVENUE 4S(415933)

Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A = SME 9935M

B = 5BT 11P

Waterloo Street  
towards Albert Street  
(Before Junction of  
Middle Road)

Describe Circumstances of the Accident

*Notes to attached*

Declaration

I/we declare the facts of my/particulars correctly in every respect.

Policyholder's Signature (Name & Title)

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

IDAC KAKI BUKIT (VICOM LTD)  
23 KAKI BUKIT AVENUE 4S(415933)

Witnessed by Reporting Centre Personnel

On 06.02.2021 at about 13:15 hours along Waterloo Street towards Albert Street (Before Junction of Middle Road). I was travelling straight on lane 1 at the above mentioned location and suddenly, I heard a loud bang and felt an impact. When I alighted, I realised it was vehicle (B) that coming out from 264 Waterloo Centre without checking the traffic condition hence collided onto the right hand side portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SME 9935M

Vehicle (B): SBT 11P

