

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 10/02/2021 22:54 (SGT)
Date of Accident 10/02/2021 13:50 (SGT)
Exact Location of Accident 138 Tampines St. 11, Block 138, Singapore 521138
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME375M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KUO CHUNG-LIANG
NRIC No SXXXX584A
Email Address chungliang.kuo@gmail.com
Mobile Phone No (Phone) +65-81230929
Alternative Phone No +65-81230929

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 A 29146379 AT2
Cover Note Number -

DRIVER

Name of Driver KUO CHUNG-LIANG
NRIC No SXXXX584A
Date Of Birth 22/04/1978
Occupation Indoor

Date Of Driving Pass	20/01/1998
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81230929
Alt. Phone Number	+65-81230929
Email Address	chungliang.kuo@gmail.com
Address	528 EAST COAST ROAD #04-04
Address complement	-
Postcode	458969
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	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

ON 10/02/2021 AT AROUND 1:50PM, I WAS HAVING LUNCH AT BLK 138 TAMPINES ST 11 COFFEE SHOP WHEN THERE WAS A LOUD BANG SOUND. PEOPLE AROUND ME MENTIONED THERE WAS AN ACCIDENT IN THE CARPARK. I WALKED OVER AND SAW MY PARKED CAR BEING COLLIDED BY VEHICLE B. THREE OTHER CARS PARKED NEXT TO MINE WERE ALSO INVOLVED. MY CAR SUSTAINED FRONT DAMAGES. NO ONE WAS INJURED. POLICE CAME AND HAS TAKEN OUR PARTICULARS.

ATTACHMENT(S)

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	SMN5515X
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHD ZUHARIR
NRIC No	TXXXX912J
Contact Number	-

Address	96606214 (CAR OWNER, FATHER-YUSOF BIN SYED MAHMAT)
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	1

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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 risk; regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any legislation, law or court order;

Policyholder's Name
Address

Insurer's Name
Address
City & State

Authorised Driver's Name
Address
City & State

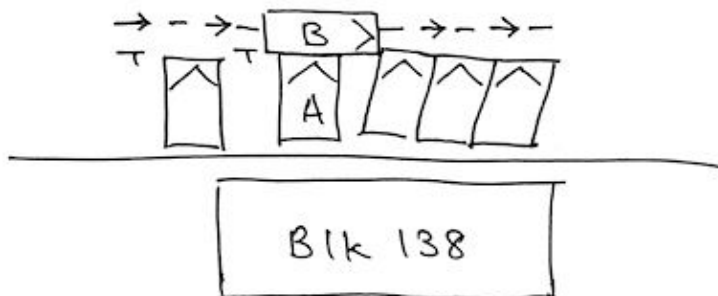
10/03/2021
3.25 p.m.

Dennis

SKETCH PLAN

(A) SNE 375 M

(B) SMN 5515 X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/02/2021 at around 1.50p.m., I was having lunch at Blk 138 Tampines Street 11 coffee shop when there was a loud bang sound. People around me mentioned there was an accident in the carpark. I walked over and saw my parked car (Veh. A SNE 375 M) being collided into by Veh. B (SMN 5515 X). Three other cars parked next to mine were also involved. My car sustained front damages. No one was injured. Police came and has taken our particulars.

DECLARATION

I/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:

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

10/02/2021
3.25pm.

Dennis

13/04/2018 SketchPlanForm_V3

