

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	02/09/2021 11:46 (SGT)
Date of Accident	01/09/2021 10:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE STEVEN ROAD EXIT LAMP POST 948
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT1115H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPECTRON PTE LTD
Company Reg No	2XXXXX335M
Email Address	chankb93@gmail.com
Mobile Phone No	(Phone) +65-96171880
Alternative Phone No	+65-96171880

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300221174 MKC
Cover Note Number	-

DRIVER

Name of Driver	LAI BOON HONG (LAI WENFANG)
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NRIC No	SXXXX926F
Date Of Birth	27/03/1978
Occupation	Outdoor
Date Of Driving Pass	02/12/2002
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96171880
Alt. Phone Number	-
Email Address	chankb93@gmail.com
Address	BLK 206 CLEMENTI AVENUE 6 #14-99
Address complement	-
Postcode	120206
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Head to Rear
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

PLEASE 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	SME2572Y
Vehicle Manufacturer	Hyundai
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 PLANIMPORTANT 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' law firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

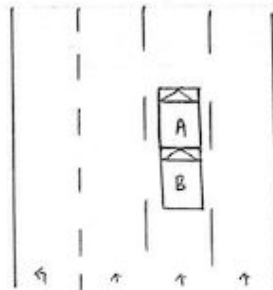
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PTE (Changi) before Steven Road Exit Lamp
Post 948

Vehicle A: GT1115H
Vehicle B: SME25724



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (GT1115H) was travelling at the stated location on lane 2. As the front vehicle slowed down & came to a stop, I followed suit. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (SME2572Y) collided onto the rear portion of my vehicle causing damages.

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]
Witnessed by Reporting Centre Personnel



















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0821920002 Vehicle Registration No: GT1115H
 Name (as shown in nric): Lai Boon Hong (Lai Wenfang) NRIC/FIN/Passport No: S7807926F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT B1K 206 Clementi Avenue 6 #14-09 Singapore Singapore (120206)
 Contact (Tel): - Mobile No.: 96171880
 Email Address: chankb93@gmail.com
 Date of Accident: 01/09/2021 Time of Accident: 1605hrs
 Place of Accident: PIE (change) before Steven Road Exit Lamp Post 948
 Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend email to chankb93@gmail.com

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Reba Wapin
NRIC/FIN No.: 16109/2021
Date: