

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 willful 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	06/11/2021 12:23 (SGT)
Date of Accident	05/11/2021 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVE 10 BEFORE AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8012B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHUANG XIN ENGINEERING PTE LTD
Company Reg No	200800100C
Email Address	david@cxe.com.sg
Mobile Phone No	(Phone) +65-92310306
Alternative Phone No	+65-92310306

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA AXIO 1.5G
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
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 300343432 MCY
Cover Note Number	-

DRIVER

Name of Driver	GENG YIWEI
NRIC No	S8583126G

Date Of Birth	25/03/1985
Occupation	Indoor
Date Of Driving Pass	03/07/2012
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92310306
Alt. Phone Number	-
Email Address	david@cxe.com.sg
Address	BLK 101 PASIR RIS ST 12 #08-25
Address complement	-
Postcode	510101
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 - Head to Rear
Weather Conditions	Raining
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 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

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - COMPLETE VMS

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	SMF4307D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN BOON CHONG, KEVIN
-	S8034966A

Contact Number
 Address
 Address complement
 Postcode
 Insurance Company Name
 Nature Of Damage
 Details of property damaged in accident
 No. Of Passenger (Including Driver)

(Phone) +65-83395339

Sl No	Qty	Description	Material	Rate	Amount
REPAIRS - (CONT'D)					
34	1 pc	Front fender @ 2297.50	Repair	2297.50	2297.50
35	1 pc	Front support panel	Repair	280.00	280.00
REPAIRS - SPECIAL					
BELTLINE					
1	1 set	Rear window sealant set	Necessary	100.00	100.00
2	1 set	Rear no plate with holder	Twisted	50.00	50.00
3	1 set	Rear bumper clip	Necessary	55.00	55.00
4	1 set	Rear tailgate inner trim board clip	Necessary	45.00	45.00
5	1 set	Rear end panel inner trim clip	Necessary	28.00	28.00
6	1 set	Reverse mirror	Damaged	150.00	150.00
7	1 set	Front no plate	Dented/Twisted	50.00	50.00
8	1 set	Front grille clip	Necessary	17.00	17.00
9	1 set	Front support top garnish clip	Necessary	36.00	36.00
10	1 set	Front bumper clip	Necessary	45.00	45.00
LABOUR & MISC CHARGES					
1		To check rear & front electrical wiring & test for any leakage		100.00	100.00
2		To remove, refix rear window glass		120.00	120.00
3		To remove, refix tailgate mechanism		100.00	100.00
4		To remove, refix reverse sensor		80.00	80.00
5		To remove, refix rear window upholstery & rear trim		120.00	120.00
6		To repair undercoating		200.00	200.00
7		To remove, refix A/C condenser & refix A/C gas	Misc Necessary	150.00	150.00
8		To repair painting & etc		2,400.00	2,400.00
9		To panel beating, remove & replacing		1,200.00	1,200.00
10		To remove, refix rear exhaust pipe	Misc Necessary	150.00	150.00
				Grand total	12,207.52
					10,610.00

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.



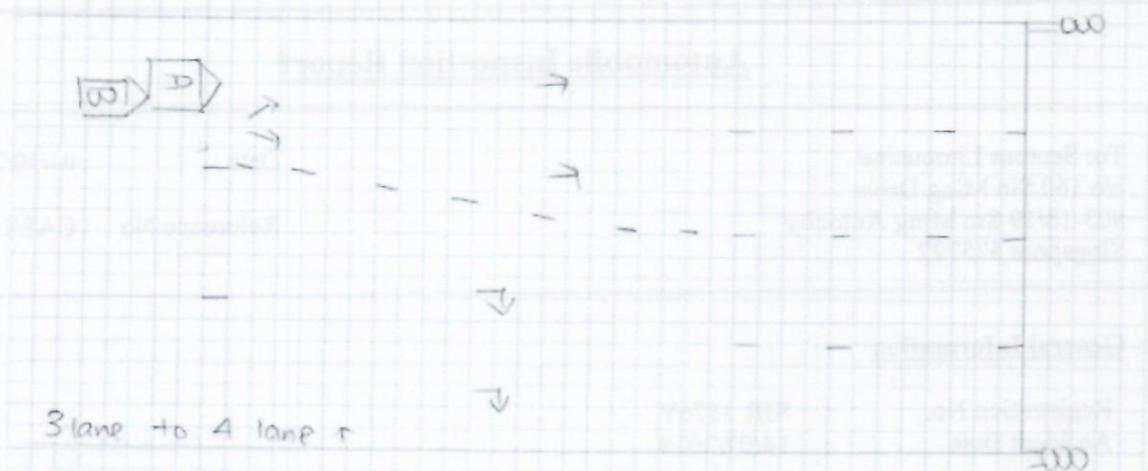
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

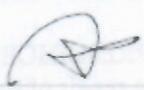
My vehicle SLR8012B was travelling on Tampines Ave 10 Before Ave 11 on 05/11/21 @ 1845 hrs. I was stationary in lane 2. Suddenly SMF4307D hit my vehicle rear.

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.: