SP0122240002 / Performance Motors Limited ENTRY DATE & TIME: 04/02/2022 14:21 (SGT) SUBMITTED BY: Chan Sook Ling VERSION: 1 (04/02/2022 14:21 (SGT))



# 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 witholding 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 04/02/2022 14:21 (SGT) Date of Accident 03/02/2022 19:05 (SGT) **Exact Location of Accident** Singapore Additional Location Information TAMPINES ROAD/HOUGANG AVE 3 JUNCTION Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SCY5926D INSURED/POLICYHOLDER Is company? No Name Of Registered Owner **CHUA KUAN SEAH** NRIC No SXXXX451B **Email Address** KUANSEAH@YAHOO.COM Mobile Phone No (Phone) +65-97860353 Alternative Phone No (Home) +--VEHICLE PARTICULARS Manufacturer **BMW** Model 320i 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 Transmission Auto CC 1997 INSURANCE COMPANY Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number B 300272151 SMP Cover Note Number DRIVER

Name of Driver **CHUA KUAN SEAH** NRIC No SXXXX451B

Date Of Birth 25/10/1972 Occupation Indoor Date Of Driving Pass 05/09/1996 Driving experience 25 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-97860353 Alt. Phone Number (Home) +--**Email Address** KUANSEAH@YAHOO.COM Address APT BLK 118 EDGEFIELD PLAINS Address complement #15-302 Postcode 820118 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? 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? Nο 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 SEE ATTACHED 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
 \$G6283Z

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Bus

 Name of Driver
 TEONG HONG WANG

 Passport No/FIN
 FXXXX862W

 Contact Number

 Address
 GO AHEAD SINGAPORE

Address complement		_
Postcode		
nsurance Company Name	4	-
Nature Of Damage		_
Details of property damaged in accident	A Committee of the Comm	
lo. Of Passenger (Including Driver)		_

### SKETCH PLAN

### 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. The 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 lodgment 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.
- 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.

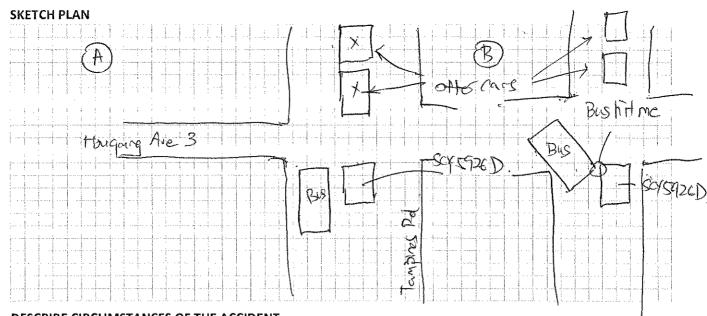
Policyholder's Signature

Date & Time: 4 / Feb 2022

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Jenibe encomora	WOLD OF THE ACCIDENT
	6 2022. I was stationary at Fampines Rock Hongary Ave.
Bus. C	5662837) was not to me. At traffic light, the bus turned left and swipe any ender/bumper (Front left portion) of the This resulted in damage to my car.
Change	, the bus turned left and swipe My
car fe	ender/bumper (Front left portion) of the
Car.	This resulted in damage to my car.
I na	s stationary as there are behicles in front of the
yelbu	box.
- Landerson	
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## 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: Sy

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: