

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 25/05/2022 17:25 (SGT)
Date of Accident 24/05/2022 21:16 (SGT)
Exact Location of Accident Singapore
Additional Location Information 50 TELOK KURAU LOR M
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN2179M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH YAN HUAH
NRIC No SXXXX260I
Email Address gohyh56@gmail.com
Mobile Phone No (Phone) +65-92397232
Alternative Phone No +65-92397232

VEHICLE PARTICULARS

Manufacturer Honda
Model Crossroad
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 1799

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300262442 QMX
Cover Note Number -

DRIVER

Name of Driver GOH YAN HUAH
NRIC No SXXXX260I

Date Of Birth	09/06/1956
Occupation	Indoor
Date Of Driving Pass	10/03/1976
Driving experience	46 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92397232
Alt. Phone Number	+65-92397232
Email Address	gohyh56@gmail.com
Address	52A LOR MARZUKI
Address complement	-
Postcode	417135
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	Collision - Opening Door of Vehicle
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SHC8042R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG HACK KEE
Contact Number	(Phone) +65-90112809
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name BRISCINA
Gender Female

SKETCH PLAN

VEHICLE NO:
DATE OF ACCIDENT:

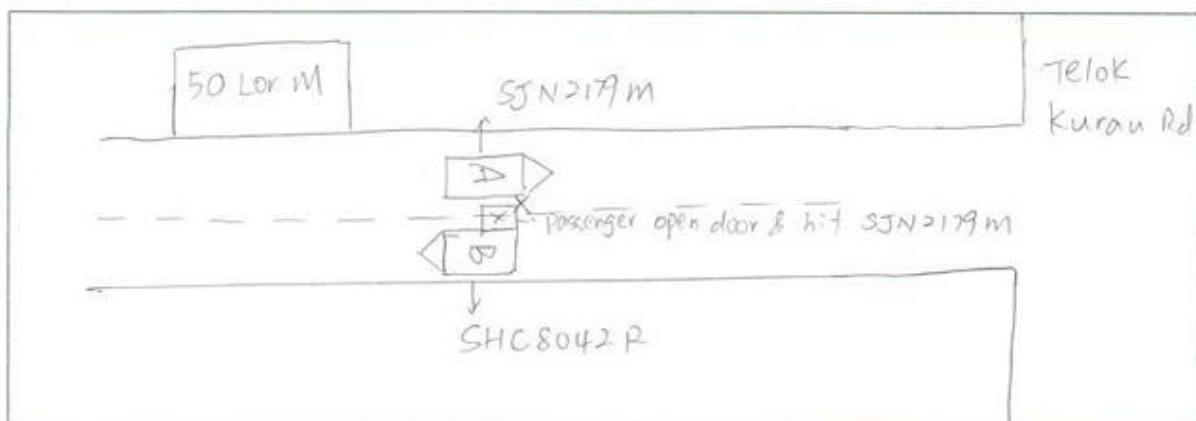
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident VEHICLE NO:

DATE OF ACCIDENT:

On 24/05/2022 at 21:16 pm
location at Lor M 50 Telok Kuran

SHC 8042 R passenger Priscilla suddenly open door from vehicle No SHC8042R on the side adjacent to moving traffic & hit my vehicle SJN2179M. Passenger of SHC8042 R opened rear door from right side & hit SJN2179M.

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration NOTE: DO NOT FORGET THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

5

Policyholder's Signature / Date &
Time

2

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

slm 25/03/22

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: SL0X225P0002 Vehicle Registration No: SJN 2179M
 Name (as shown in NRIC): GOH YAN HUAH NRIC/FIN/Passport No: S1177260E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 52A LOR MARZUKI Singapore (47135)
 Contact (Tel): - Mobile No.: 9239 7232
 Email Address: GOHYH56@GMAIL.COM
 Date of Accident: 24/05/2022 Time of Accident: 2116
 Place of Accident: 50 TELUK KURAU LOR M
 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:

I would like to amend my email address
to - GOHYH56@GMAIL.COM

Policyholder / Driver's Signature
 Date:

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

SEALING AREA FOR REPORT