

**ACCIDENT STATEMENT**

Date	09/07/2022
Time	12-00PM.
Location	Clementi Avenue 6, Near BJK 304.
<b>VEHICLE (A)</b>	SKP8836M Make & Model: TOYOTA AHT3.
Name of owner	Shie Ming Kheng
NRIC / Company Registration No.	S7B17334C
Email	mkshie@singnet.com.sg
Contact	HP: 90187867 Tel: Fax:
Type of claim	Own Damaged / Third Party / Reporting Only
Purpose of use	Private / Commercial / Hire & Reward
<b>Insurance Company</b>	MSIG.
Type of Policy	Comprehensive / Third Party, Fire&Theft / Third Party Only
Policy number	
<b>Name of driver</b>	As above / If No:
NRIC no	As above Any Passenger: 01
Date of birth	26/06/1978
Occupation	Indoor / Outdoor
Gender	Male / Female
Contact	As above.
Address	19 Eng Kong Crescent S(599414).
Driving Passed date	22/06/1996
Email	As above.
Relationship with the Insured	Owner / Children / Spouse / Employee / Others:
Does the driver own any other vehicle,	No / if Yes : Vehicle no: Ins. Co:
<b>Type of Collision</b>	Head to Rear
Weather conditions / Road surface	Clear / Raining - Dry / Wet / Others:
Any Police Report lodged	No / Yes : Where? Traffic Police HQ.
Notice of Intended Prosecution Given?	No / Yes : Against who?
Anybody injured in the accident ?	No / Yes : Who / Vehicle no? SKP8836M
Any other material or property damaged?	No / Yes
Any foreign vehicle involved ?	No / Yes : Vehicle no:
Any video captured by car camera ?	No / Yes
<b>VEHICLE (B) - THIRD PARTY</b>	SJL8285K.
Name of driver	
NRIC / FIN no. / Passport number	
Contact	
Insurance Company	
<b>Details of Witness</b>	HP :
<b>Other Vehicles</b>	( C ) Any Passenger : ( D ) Any Passenger : ( E ) Any Passenger :

Describe Circumstance of the Accident

Refer to Police Report

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



## 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

#### 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.

*[Signature]*

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

