

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 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 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 15/08/2022 17:19 (SGT)
Reported by Driver
Date of Accident 15/08/2022 08:28 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information BKE TOWARDS PIE (CHANGI) BEFORE SPEED CAMERA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM848Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CYCLE & CARRIAGE KIA PTE LTD
Company Reg No 199405410K
Email Address CARMEL.CHUA@CYCLECARRIAGE.COM.SG
Mobile Phone No (Phone) +65-98566401
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Niro
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 1580

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number B 400001347 MCY

DRIVER

Name of Driver CHUA CARMEL
NRIC No S8714315E
Date Of Birth 27/05/1987
Occupation Indoor

Date Of Driving Pass	25/08/2006
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-98566401
Alt. Phone Number	+65-81021912
Email Address	CARMEL.CHUA@CYCLECARRIAGE.COM.SG
Address	BLK 633 CHOA CHU KANG NORTH 6 #08-309
Address complement	-
Postcode	680633
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV3883D
Vehicle Manufacturer	Toyota
Vehicle Model	Rush
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAYSHAUN GAN WEI HERN
Contact Number	(Phone) +65-96222803

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

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8. Consent under the Personal Data Protection Act (PDPA)

(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 yers/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.

Driver's Signature (If driver is not the policyholder) / Date & Time 10/22/10 1:30 PM

Witnessed by Reporting Centre
Personnel

Diagram illustrating a road cross-section with various lines and arrows indicating measurements or boundaries. The diagram includes a central dashed line, solid lines, and arrows pointing to specific points. The text "B.k. E" is written in the center. To the right, "Lautsprecher Anlage" is written above a dashed line. Further right, "Summe 8482" is written. Below the road, "Sum 38830" is written.

Describe Circumstances of the Accident

As the vehicle moved forward of me and down the street. I too
 went down the street. Suddenly, I felt an impact from
 the rear of the car and realised vehicle B (SNV 3883D) had
 hit onto my vehicle. Upon hitting, I drove my vehicle
 rear was damaged, rear bumper was left damaged then
 scratched. And rear number plate damaged.

Declaration

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

15/08/2022 @ 10:55 AM















