

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	08/09/2022 14:10 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 12:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK RD NEAR BLK 443D BUKIT BATOK WEST AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA29E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TANG GAR KEOW
NRIC No	SXXXX953D
Email Address	angietang@franklin.com.sg
Mobile Phone No	(Phone) +65-96307877
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	LS600HL AUTO 5 SEATER
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	4969

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099084MVPC

DRIVER

Name of Driver	SIM KIM KOON
NRIC No	SXXXX230I
Date Of Birth	11/09/1962
Occupation	Outdoor

Date Of Driving Pass	27/07/1980
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91452717
Alt. Phone Number	-
Email Address	angietang@franklin.com.sg
Address	BLK 60 FLORA DRIVE
Address complement	#06-39
Postcode	506858
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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG4937K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

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

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' 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<u>ANGIE LANG</u> Policyholder's Signature / Date & Time <u>8/9/2022</u> Sketch Plan	<u>[Signature]</u> Driver's Signature (If driver is not the policyholder) / Date & Time <u>8/9/2022</u>	<u>[Signature]</u> <u>08/09/22</u> Witnessed by Reporting Centre Personnel
<u>BUKIT BATOK RD NEAR BLK 443D BUKIT BATOK WES AVE 8</u>		
A-5GA29E B-4BG4937K		← ← ←

Describe Circumstances of the Accident

I WAS DRIVING ALONG PUKIT BATOK RD ON LANE 2,
I WAS SHOWN DOWN TO STOP AT TRAFFIC TURN
RED. SUDDENLY BEHIND VEHICLE NO. GBG 4937K
COULDN'T BRAKE IN TIME & HIT TO MY BACK.

Declaration

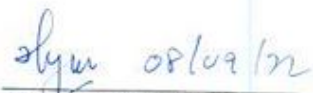
We declare the foregoing particulars are true in every respect.

ANGIE TANG

Policyholder's Signature / Date &
Time 8/9/2022



Driver's Signature (if driver is not the policyholder) / Date
& Time 8/9/2022

 08/09/22

Witnessed by Reporting Centre
Personnel













