

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 13/02/2023 20:17 (SGT)
Reported by Driver
Date of Accident 12/02/2023 14:44 (SGT)
Exact Location of Accident Singapore
Additional Location Information ORCHARD ROAD TURNING TO HANDY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK9393T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN KOK SIONG
NRIC No SXXXX414D
Email Address felicia_ko_ek@hotmail.com
Mobile Phone No (Phone) +65-97220446
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc250
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 1991

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number D 300334892 MCY

DRIVER

Name of Driver KOEK HUI CHING (GUO HUIZHEN)
NRIC No SXXXX661I
Date Of Birth 24/02/1975
Occupation Indoor

Date Of Driving Pass	16/09/1996
Driving experience	26 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98154652
Alt. Phone Number	-
Email Address	felicia_ko_ek@hotmail.com
Address	98 PAYA LEBAR CRESCENT
Address complement	-
Postcode	536182
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SMS5220U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHANG NAIFU
NRIC No	SXXXX490C

Contact Number	(Phone) +65-96619283
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOEK HUI CHING (GUO HUIZHEN)
Gender	Female
Phone No	(Phone) +65-98154652
Address	98 PAYA LEBAR CRESCENT
Address Complement	-
Post Code	536182
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SKK9393T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

On behalf of
poli
Policyholder's Signature / Date & Time

for 18/2/23
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

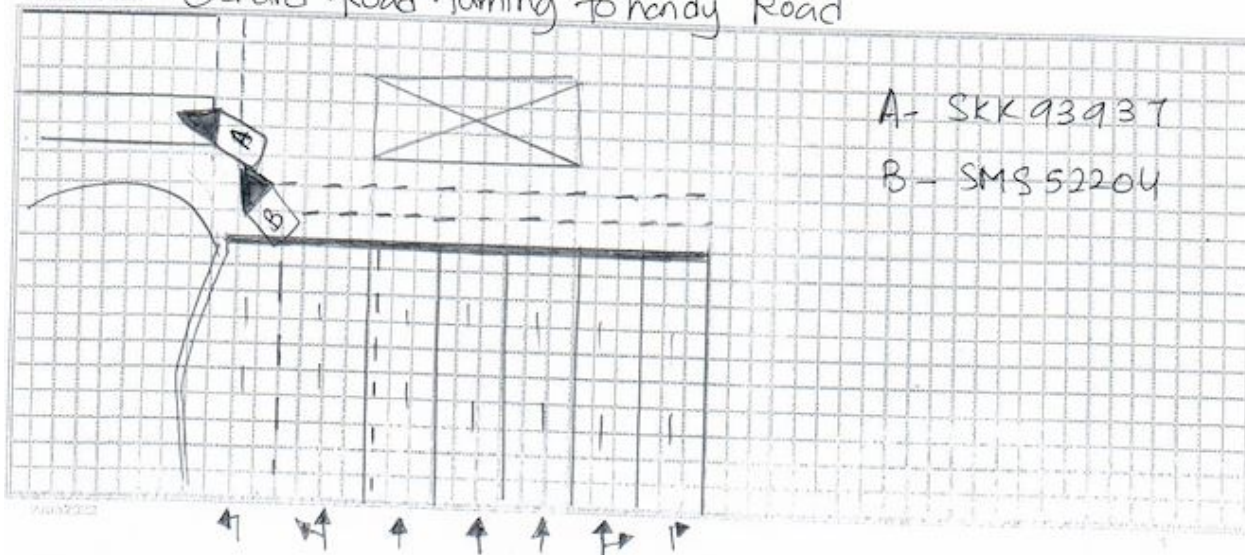
gmuell 13/2/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Orchard Road turning to handy Road

A- SKK 93937

B- SMS 52204



Describe Circumstance of the Accident

I was travelling along Orchard Road. It was a 7 lane road and I was on the 7th lane wanted to turn into handy road which is on my left hand side whilst turning in I almost drove to the first lane of handy road and suddenly vehicle B hit my rear left portion of the vehicle.

Declaration

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

Policyholder's Signature / Date & Time

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

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





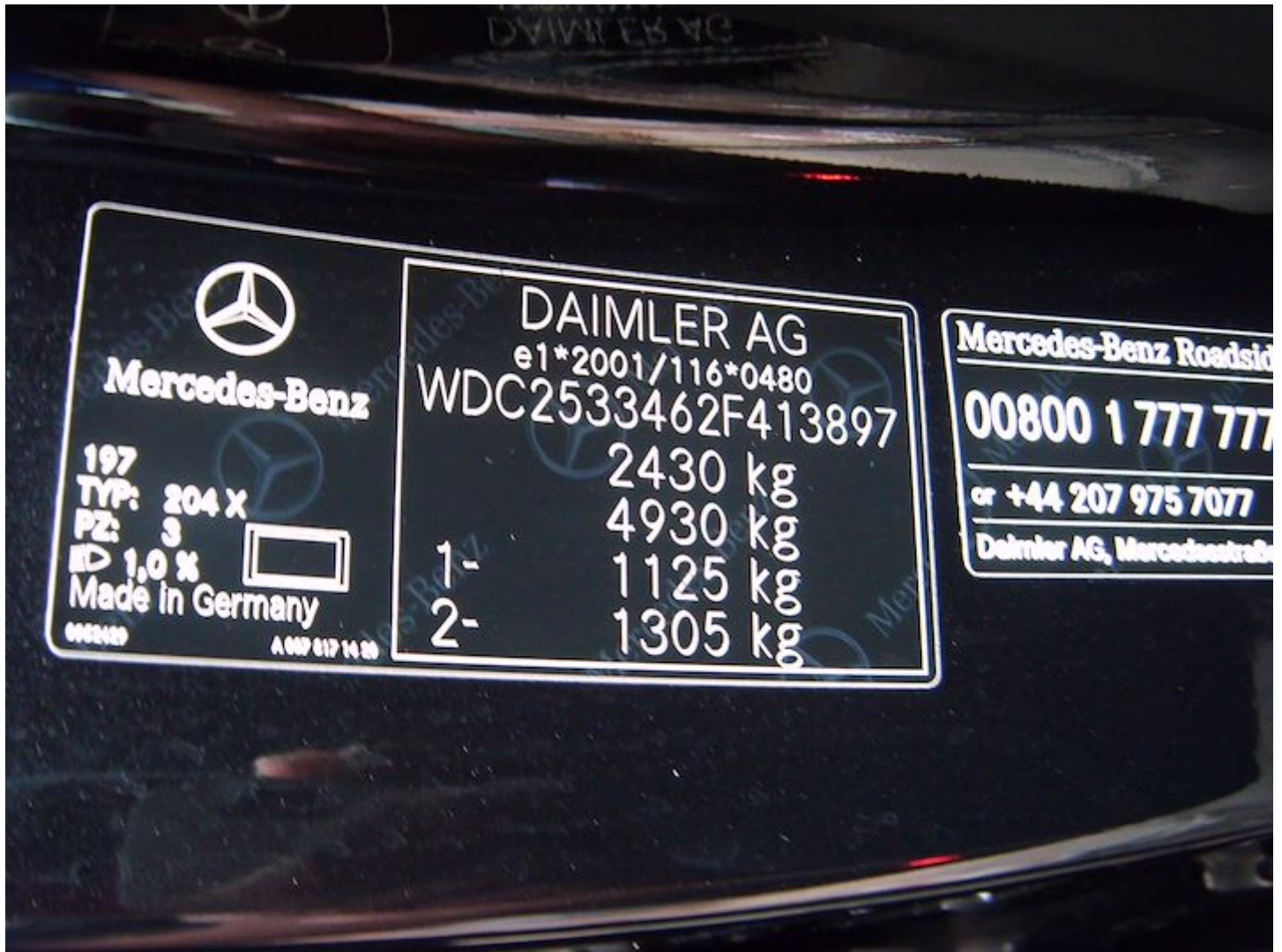


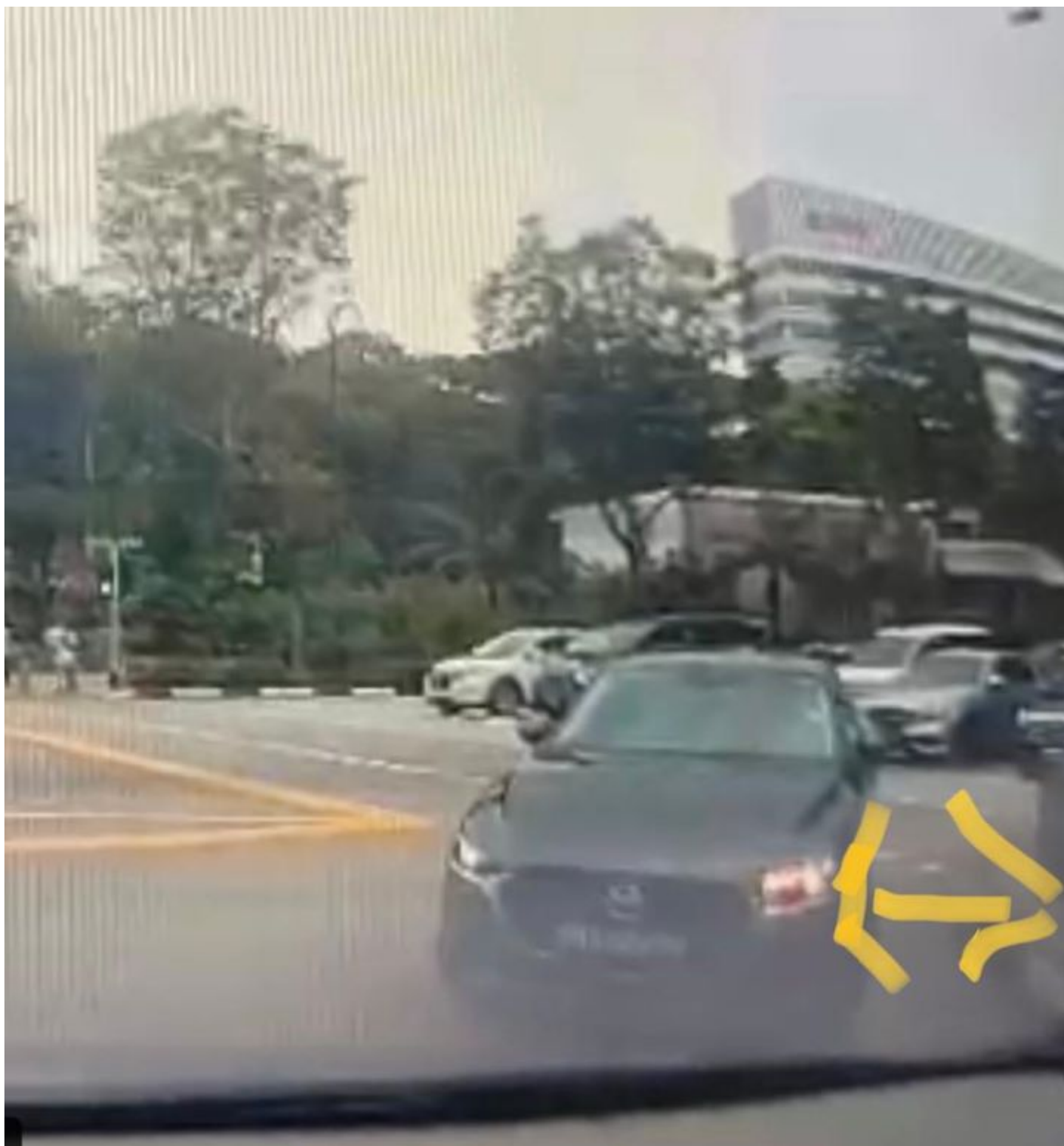














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL07232D0003 Vehicle Registration No: SKK9393T
 Name (as shown in NRIC): Koek Hui ching NRIC/FIN/Passport No: S7506661I
 (*Vehicle Driver/Policyholder) (* Please delete as appropriate)
 Address: 98 Puyuan Road CresCent Singapore (536182)
 Contact (Tel): _____ Mobile No.: 9815 4652
 Email Address: felicia_ko-ek@hotmail.com
 Date of Accident: 12/02/2023 Time of Accident: 14:44
 Place of Accident: Orchard Road turning to Hardy Road
 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:

Amend upload medical Certificate

Policyholder / Actual Driver's Signature
Date:

gumel 14/2/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:


INTEMEDICAL
MEDICAL CERTIFICATE
INTEMEDICAL POTONG PASIR

 51 Upper Serangoon Road, #01-29 The Poiz Centre, Singapore 347697
 Tel: (65) 6242 6384 Fax: (65) 6241 4125

MC No: OD-PP0000187351

NAME: KOEK HUI CHING (GUO HUIZHEN)

NRIC: S75066611

 This is to certify that the above patient name is Unfit for Duty for a period of 2 day
 from 13-02-2023 to 14-02-2023 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

 J. ipeng
 (ore)
 ician

Signature

 13/02/2023
 Date

DR JAMES WU YIPENG
 MBBS, (S'pore)
 MCR E3693B
INTEMEDICAL POTONG PASIR
 51 Upper Serangoon Road #01-29
 The Poiz Centre, Singapore 347697
 TEL: (65) 6242 6384 FAX: (65) 6241 4125
 EMAIL: contact.potongpasir@intemedical.com