

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 17/02/2023 17:24 (SGT)
Reported by Driver
Date of Accident 16/02/2023 22:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE PAYA LEBAR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV6602D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner QUAH LAY YEW
NRIC No SXXXX682G
Email Address alicequah.aq@gmail.com
Mobile Phone No (Phone) +65-90092807
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300485654 QMY

DRIVER

Name of Driver RYNE GOH KENG TIONG
NRIC No SXXXX152D
Date Of Birth 05/03/1999
Occupation Indoor

Date Of Driving Pass	13/11/2019
Driving experience	3 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98208323
Alt. Phone Number	-
Email Address	alicequah.aq@gmail.com
Address	55 JALAN LIMAU KASTURI
Address complement	-
Postcode	468444
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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.

PLEASE BE INFORMED THAT VEHICLE HAS BEEN COMMENCED REPAIR AS THEY HAVE PRIVATE SETTLED.
PICTURES ATTACHED IS TAKEN BY THE OWNER.

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	SLQ645H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO TAT RUAN CLARENCE
Contact Number	(Phone) +65-88770095
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' 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 and/or 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.

17/12/23
[Signature]
Policyholder's Signature / Date & Time

17/12/23
[Signature]
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

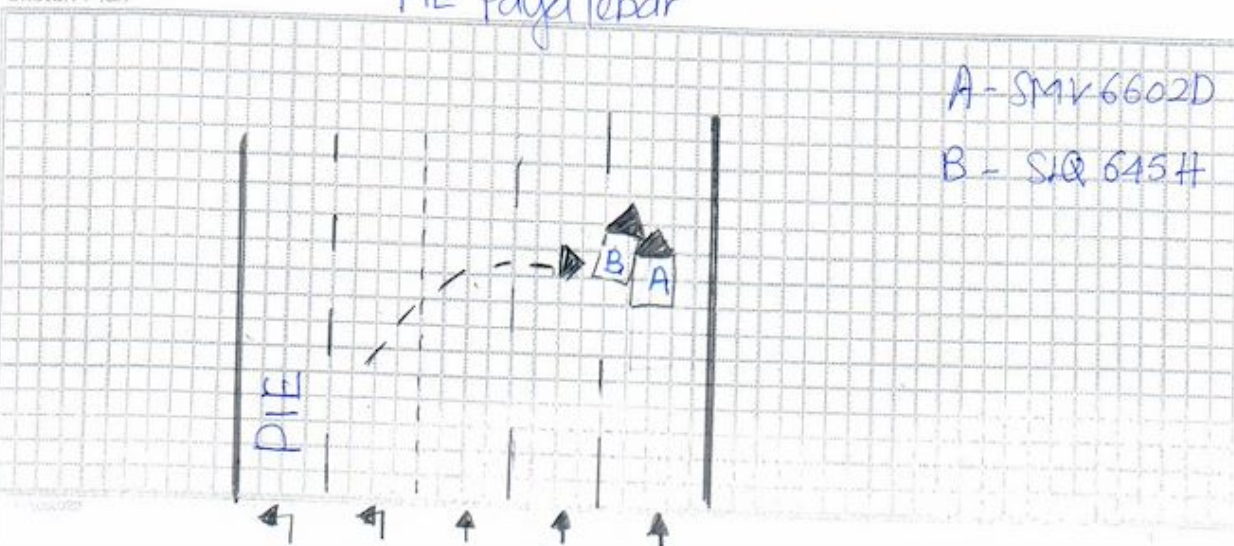
17/12/23
[Signature]
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

PIE Payu lebar

A - SMK 6602D

B - SQ 645H



Describe Circumstance of the Accident

I was driving in Lane 1 (right most lane). I was not speeding and I was maintaining a safe distance from the vehicle in front of me. Suddenly a white Honda Shuttle made abrupt lane change from lane 4 and he recklessly attempted to cut into my lane (lane 1) despite the fact that he switched on a turn signal to indicate his intention of cutting into my lane. He failed to check his blindspot and did not notice that my vehicle was directly beside him. I tried to sound the horn to notify him but it was too late as he ~~swerved~~ cut into my lane and collided with me. (Refer to video for evidence).

Upon discussion, ~~we~~ we have agreed on private settlement.

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 Officer Personnel (Name as in NO. 100 card)

4/2015/002

