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 witholding 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	22/02/2023 16:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/02/2023 20:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RAFFLES BLVDS JUNCTION OF TEMASEK AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL6868M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GUI SANG LENG
NRIC No	SXXXX996A
Email Address	ableprintjamesgui@gmail.com
Mobile Phone No	(Phone) +65-96716212
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300602717 QMY

DRIVER

Name of Driver	GUI SANG LENG
NRIC No	SXXXX996A
Date Of Birth	29/07/1955
Occupation	Outdoor

Date Of Driving Pass	13/07/1977
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96716212
Alt. Phone Number	-
Email Address	ableprintjamesgui@gmail.com
Address	APT BLK 38A PINE LANE
Address complement	# 10-1030
Postcode	391038
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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

PLEASE 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	SMT449E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG HANN IAN (HUANG HANYAN)
NRIC No	SXXXX087A

Contact Number	(Phone) +65-97670787
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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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.

22/02/2023

Policyholder's Signature / Date & Time

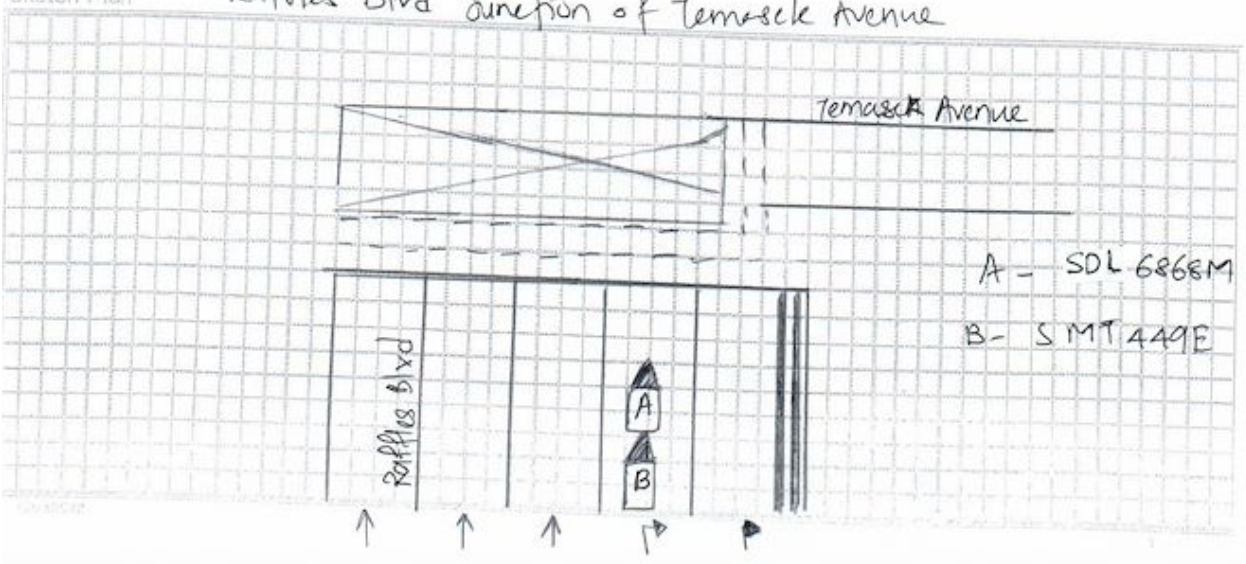
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

22/2/23

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

Sketch Plan

Raffles Blvd Junction of Temasek Avenue



Describe circumstance of the Accident:

on the above stated date and time, I was at Raffles Blvd junction of Temasek Avenue. It was a 5 lane Road and I was at second lane, when the traffic light turned into Green, I heard a bang noise behind my back. I walked out and see a red car (SMT 449E) hitted onto my rear portion of my vehicle.

Declaration

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

27/02/2023

Policyholder's Signature / Date & Time

Action Driver's Signature & NRIC (if not the policyholder) / Date & Time

22/2/23

Witnessed by Reporting Centre Personnel (Please refer to NRIC/ID card)

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12


현대자동차(주)
HYUNDAI MOTOR COMPANY
변속기 차축 도장 의장
TRANSM AXLE PAINT TRIM
T8S TRY
KMHD841CMJU716993

GENERAL INSURANCE ASSOCIATION
RECO MANAGEMENT CENTRE

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: SL0Z232M0001 Vehicle Registration No: SDL 6868M

Name (as shown in NRIC): Gui Sang Leng NRIC/FIN/Passport No: S2164996A

(~~Vehicle Driver~~/Policyholder) (*) Please delete as appropriate

Address: Apt Blk 38A Pine Lane # 10-1030 Singapore (391038)

Contact (Tel): Mobile No.: 9671 6212

Email Address: ablepintjemesgui@gmail.com

Date of Accident: 21/02/2023 Time of Accident: 20:35

Place of Accident: Raffles Blvds junction of Temasek Avenue

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 to Reporting only -

Policyholder / Actual Driver's Signature
Date:

27/2/23
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

KAI MOTOR TRADING
BLK 3007 UBI ROAD #01-440, SINGAPORE 408701
TEL: 67474006 FAX: 67431591
BUS. REG NO: 442223100L

專業服務:汽車意外保險賠償,拖車,汽車修理服務,打鳴呼,噴漆.

Specialist in: Accidents Insurance Claim, Towing Service, Motor Vehicle Repairing, Panel Beating, Spray Painting.

MUTUAL SETTLEMENT

We , the undersigned hereby agree to mutually settle among ourselves an accident on 21/02/2023 involving vehicle nos. SDC6868M/ SM7 449M along Raffles Boulevard/ Temasek Ave Junction at 8.38 pm

We further agree that we will not be reporting to the relevant authorities and there will not be any claims in respect of property damage or loss of use or bodily injury that arise or may arise out of this accident .

The above ccident was settled at S$ 1500/- by cash/cheque number to James Gan from WONG HANN IAN .

Name : Gan Sang Leng
NRIC No : S2164996I
Address : BLK 58A Pasir Laba #10-1030
Vehicle No : SDC 6868M
Police Report No :

Name : WONG HANN IAN
NRIC No : S7912087A
Address : 44 MOH GUAN TERRACE #02-20 S161044
Vehicle No : SM7 449M
Police Report No : NIL

WITNESS By :
Name : Tan Beng Hwa
NIC No : S 13 454D
Address : B3007 UBI RD 1. #01-440 - 408701
Dated this day