

## 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 .....	28/03/2023 13:15 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/03/2023 20:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG BUKIT TIMAH TOWARDS TOWNS
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLJ2481L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PEH TIAN LENG
NRIC No .....	SXXXX467A
Email Address .....	ryanpeh@yahoo.com
Mobile Phone No .....	(Phone) +65-90012261
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Gla200
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1595

#### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	A 300193405 QMY

#### DRIVER

Name of Driver .....	PEH TIAN LENG
NRIC No .....	SXXXX467A
Date Of Birth .....	30/06/1978
Occupation .....	Indoor

Date Of Driving Pass .....	24/02/1996
Driving experience .....	27 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90012261
Alt. Phone Number .....	-
Email Address .....	ryanpeh@yahoo.com
Address .....	42 HONG SAN WALK
Address complement .....	-
Postcode .....	689033
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 - U-Turn
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 .....	KATE PEH EN YA
Gender .....	Female

#### 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 .....	KERB
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Government
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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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

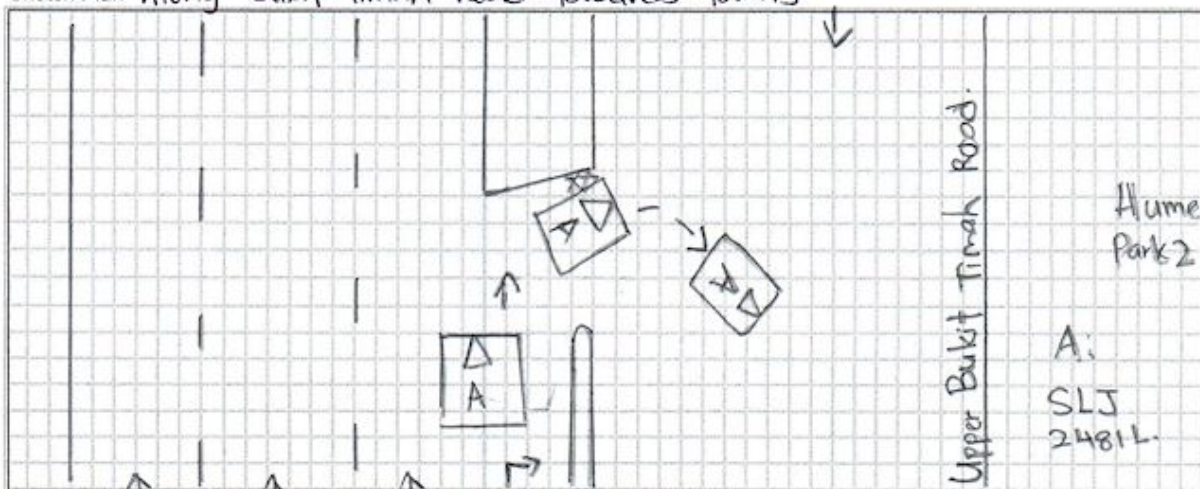
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 27/3/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan Along Bukit Timah Road towards town



vJun2022

1

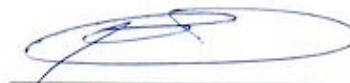
Describe Circumstance of the Accident

On 24/3/2023 at about 2015 hrs, I was travelling along Upper Bukit Timah Road towards Towns, and make a U-turn near Hume Park. After ensuring traffic was clear from the main road, I execute to make the U-turn and my front wheel left side hit the side Kerb after the impact my front wheel come out and no other vehicle is involved.

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

 24/3/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

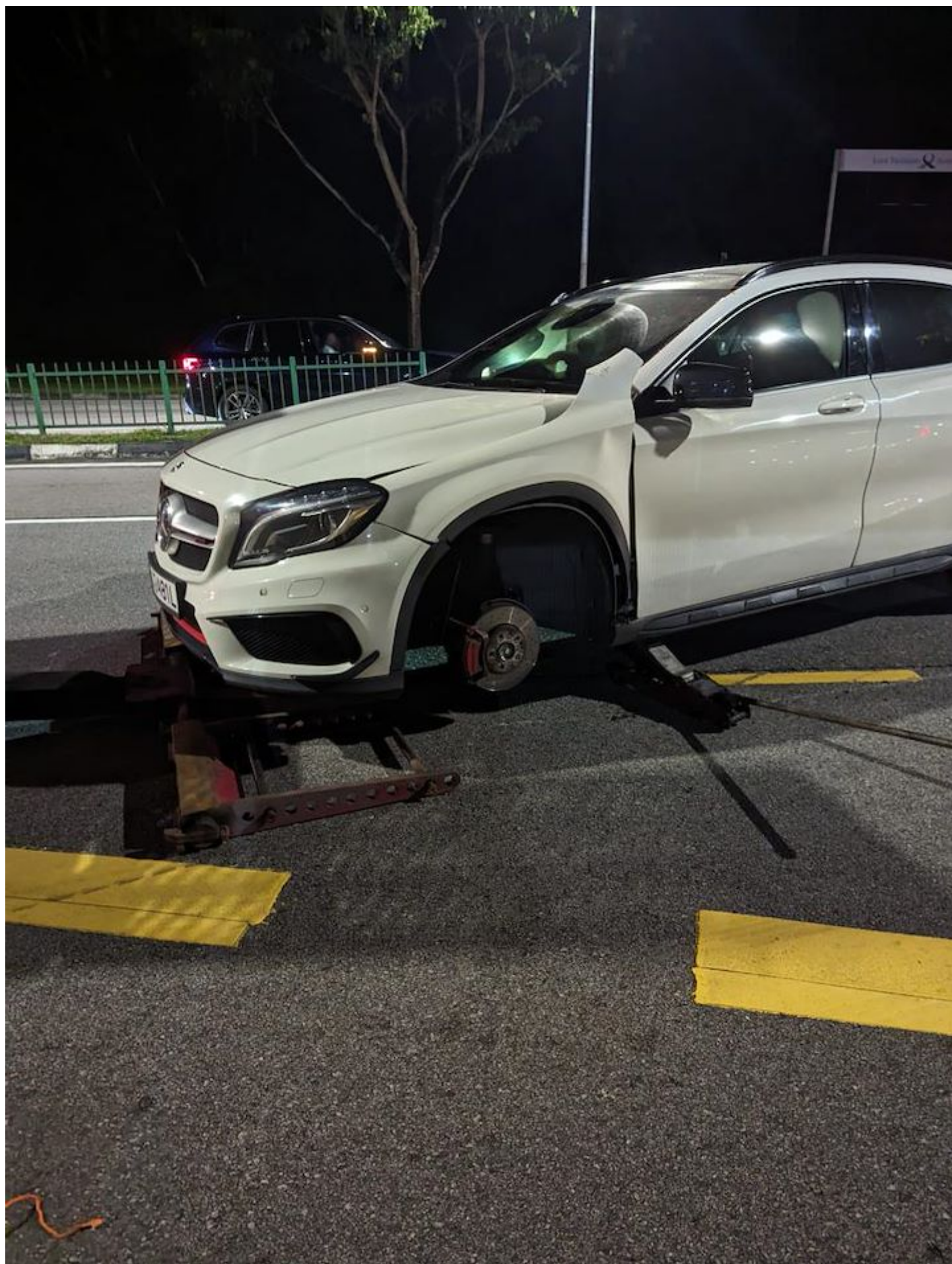


































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SL0Z233R0002 Vehicle Registration No: SLJ2481L  
 Name (as shown in NRIC): Reh Tan Leng NRIC/FIN/Passport No: S78/8467A  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 412 Hong San Walk Singapore 689033 Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 90012261  
 Email Address: ryanpeh@yahoo.com  
 Date of Accident: 24/3/2023 Time of Accident: 2015hrs  
 Place of Accident: Along Bukit Timah Road towards town  
 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:

vehicle number - Amend own vehicle Registration Number  
- SLJ2481L

\_\_\_\_\_  
 Policyholder / Actual Driver's Signature  
 Date:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: