SINGAPORE ACCIDENT STATEMENT

Accident Date: 05 04 2023 Time: 17:45 (hh:mm) 24 hr format
Location Cross Junction of Pasir Ris Drive 12 and Pasir
Ris Drive 1
Vehicle Number SGT2302C
Insured Name Adrian Choong Khai Mun
NRIC /FIN S7734725I Contact Number 9769 5231
Make Honda Model Fit
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company MSIG
Type of Policy () Comphensive () Third Party Fire & Theft (/) TP Only
Policy Number \$91193192 SMA
AT CD:
Name of Driver (/)Same as Insured
ADDIC/FINE OFFICE
NRIC / FIN S7734725 I Contact Number 9769 5231
Date of Birth 16/11/1977
Driving Pass Date 28/03/2007
Occupation (/ Indoor () Outdoor
Gender () Male () Female
Email Address blessed_adle yahoo-Com-Sq ()NO EMAIL
Address of Driver 31 Pasir Ris Street 72 #03-23 S(518769)
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
() Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? (/) Yes () No
If yes, injured detail Driver - Booky Pain
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes () No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B SNB 6224E
Veh C SNC 4689 E Veh D
Veh E
Veh F
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SKETCH PLAN

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 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.
- 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.

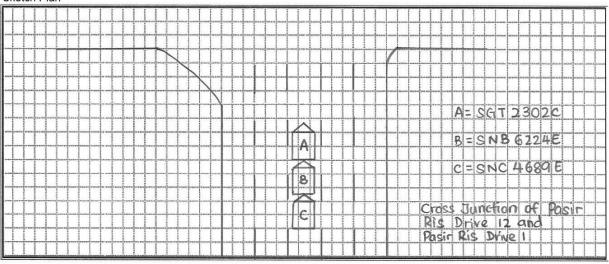
Policyholder's Signature / Date & Time

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

& Time

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

Sketch Plan



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Describe Circumstance of the Accident
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Refer to Attached
/
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Declaration

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

Policyholder's Signature / Date & Time

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

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

On 05.04.2023 at about 17:45 hours at Cross Junction of Pasir Ris Drive 12 and Pasir Ris Drive 1, I was stationary on lane 3 (along Pasir Ris Drive 12 towards Pasir Ris Drive 3) as the traffic light was red.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that it was a chain collision of total of 3 vehicles involved.

Vehicle (A): SGT 2302C

Vehicle (B): SNB 6224E

Vehicle (C): SNC 4689E