

# 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 .....	12/05/2023 15:39 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	12/05/2023 07:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE (SLIP ROAD TO CTE CITY)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMH123H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHIA KOK WEE MARCUS
NRIC No .....	SXXXX344F
Email Address .....	marcus.chia@live.com.sg
Mobile Phone No .....	(Phone) +65-91900961
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	X4
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 .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	300505195

### DRIVER

Name of Driver .....	CHIA KOK WEE MARCUS
NRIC No .....	SXXXX344F
Date Of Birth .....	14/07/1987
Occupation .....	Indoor

Date Of Driving Pass .....	20/06/2019
Driving experience .....	3 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91900961
Alt. Phone Number .....	-
Email Address .....	marcus.chia@live.com.sg
Address .....	BLK 515 BEDOK RESERVOIR ROAD #05-54
Address complement .....	-
Postcode .....	479274
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

#### REFER TO ATTACH

#### 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 .....	SKD6668H
Vehicle Manufacturer .....	BMW
Vehicle Model .....	X4
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	KUM WEE LEE
Contact Number .....	(Phone) +65-96668380

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SBU3223U
Vehicle Manufacturer .....	Subaru
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JOUA
Contact Number .....	(Phone) +65-81280772
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

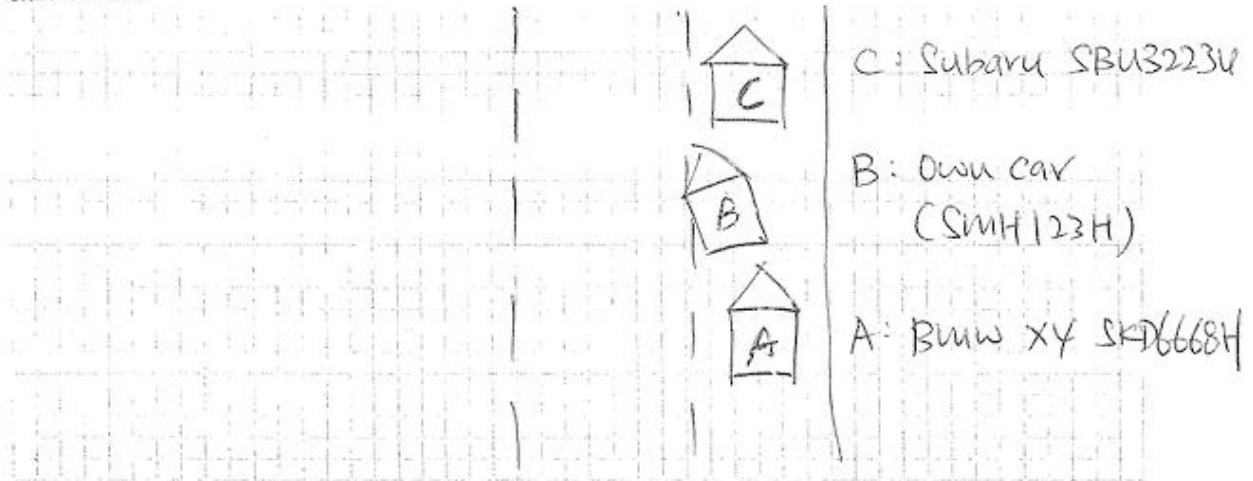
  
 Policyholder's Signature  
 Date & Time: 12/05/2023  
 09:30

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

PERFORMANCE MOTORS LIMITED  
 451, Aljunied Road  
 Singapore 438000  
 Tel: 6744 6797  
 Fax: 6744 6798  
 Email: info@performancemotors.com.sg

  
 Reporting Centre Personnel's Signature  
 Name: Yap mee key  
 NRIC/FIN No. 6274467P

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12<sup>th</sup> May 2023 07:15am, along PIE near (Slip Road to CTE city), Car A knocked into my rear with full impact collision.

At that point of time, I had made an emergency brake and touched car C.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time: 12/05/2023 08:30

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

## PERFORMANCE MOTOR SERVICES

303 Aljunied Road  
Sime Darby Performance Centre  
Singapore 160941  
TEL: 63190100 (5/55)  
63160111 (4/55)

ink

Reporting Centre Personnel's Signature

Name: Yap Mee Kay  
NRIC/FIN No.: 62744631P



