

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	13/06/2023 13:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/06/2023 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI AVE 2, CLEMENTI AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3313J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM POH SOON
NRIC No	SXXXX480D
Email Address	UNITEDTRACTORS@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-82017100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300532784 AT2

DRIVER

Name of Driver	LIM POH SOON
NRIC No	SXXXX480D
Date Of Birth	23/10/1957
Occupation	Indoor

Date Of Driving Pass	30/07/1977
Driving experience	45 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82017100
Alt. Phone Number	-
Email Address	UNITEDTRACTORS@SINGNET.COM.SG
Address	BLK 60 GEYLANG BAHRU
Address complement	#11-3313
Postcode	330060
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	Collided into Motorcyclist
Weather Conditions	Raining
Road Surface	Wet

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	LOH HUI KHENG
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	FBU5940U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SAENGPRASIT PAWEENA
Contact Number	(Phone) +65-93835929
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 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.

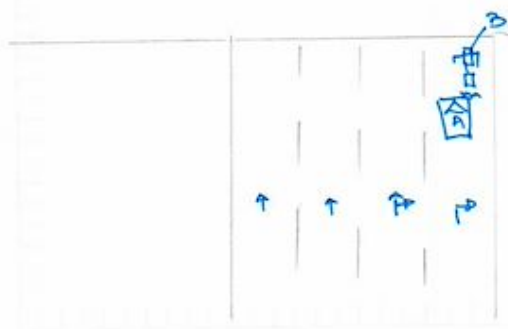
Policyholder's Signature / Date & Time

Sketch Plan

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

Clementi Ave2, Clementi Ave 5

Witnessed by Reporting Centre Personnel



CLEMENTI AVE5

A: SKL 3313J
B: FB4 59404

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG CLEMENTI AVE 2 ON THE RIGHT MOST LANE OF 4 LANES WHEN, I CAME TO A STOP AT THE JUNCTION WITH CLEMENTI AVE 5. DUE TO TRAFFIC RED LIGHT, WHEN THE TRAFFIC LIGHT TURNED GREEN, MY VEHICLE ROLLED FORWARD AND TOUCHES THE M/CYCLE FBH 5940V IN FRONT OF ME. THERE WAS NO DAMAGE ON BOTH OUR VEHICLE.

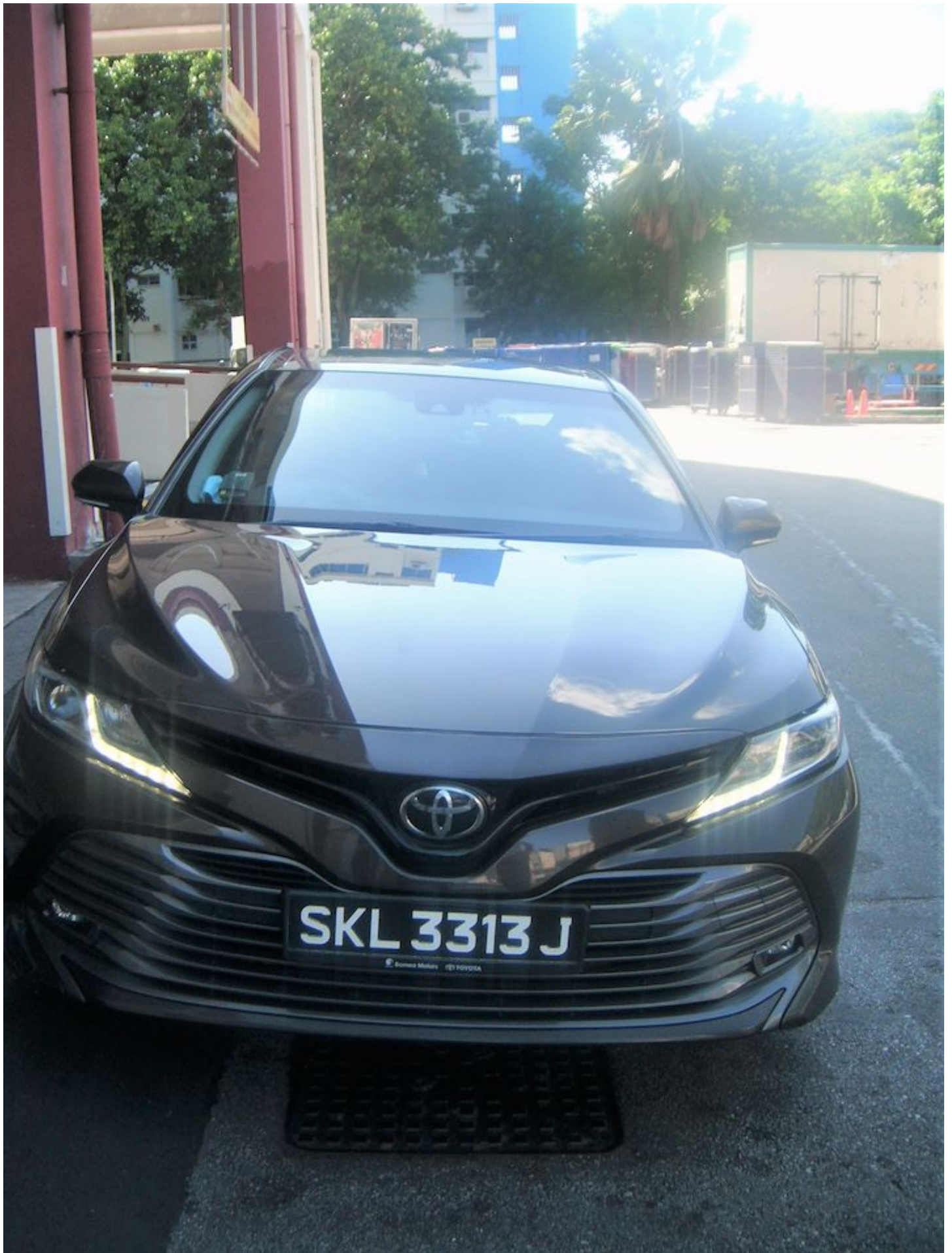
Declaration

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

 13/6/2023
Witnessed by Reporting Centre Personnel











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: SN09236D0001 Vehicle Registration No: SKL 3313J
 Name (as shown in NRIC): Lim Poh Soon NRIC/FIN/Passport No: S1276480D
 (~~Vehicle Driver/Policyholder~~) (*) Please delete as appropriate
 Address: Blk 60 Geylang Bahru #11-3313 Singapore (330060)
 Contact (Tel): _____ Mobile No.: 82017100
 Email Address: unitedtraders@singnet.com.sg
 Date of Accident: 12/06/2023 Time of Accident: 11:15
 Place of Accident: Clementi Ave 2, Clementi Ave 5
 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
Amend policy Number - A 300532784 A12

Policyholder / Actual Driver's Signature
 Date:

15/6/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: