VERSION: 1 (11/11/2024 16:58 (SGT))



#### 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 5. Intribution provided must be as truthing and accurate as possible. Any white misteries entailor of withouting of material facts may allow insurance companies to reputial 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 First Submission 11/11/2024 16:58 (SGT) Reported by **Actual Driver** Date of Accident 10/11/2024 09:42 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGS7354A

#### INSURED/POLICYHOLDER

Is company? Nο Name Of Registered Owner ANG GHIM SEONG SIMON NRIC No S7810904A Email Address gsang1@gmail.com Mobile Phone No (Phone) +65-98774245 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Toyota Model Corolla 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1598 Vehicle Fuel First Regisration Date MR053REH104562426 Effective Date/Time of Ownership

## **I**NSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number P 90635524 DMA

### DRIVER

Name of Driver	YAP JINGYI, FIONA
NRIC No	S8209138F
Date Of Birth	05/04/1982
Occupation	Indoor
Driving Pass Date	12/02/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98288624
Alt. Phone Number	-
Email Address	FIOYAP@GMAIL.COM
Address	BLK 941 HOUGANG STREET 92 06-01 SINGAPORE 530941
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 Callinian
Weather Conditions	Chain Collision Clear
Road Surface	
Nodu Guirace	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)	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	
7,100=110=111	
Name	NIL
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	NO
ii yos, against whom:	-
CIRCUMSTANCES OF ACCIDENT	
REFER SKETCH.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SNQ6156P
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
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)	-

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SME86Y
Vehicle Manufacturer	=
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
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)	_



