

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 Authorised 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 ability.  
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 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 Report 11/11/2017 11:04  
Date Of Accident 08/11/2017 17:15  
Exact Location Of Accident 363 CLEMENTI AVE 2 OPEN-SPACE CARPARK  
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGF9922R  
**Insured/Policyholder**  
Name Of Registered Owner YONG CHEE HOUNG  
NRIC No S7021666C  
Email Address YONGCHEEHOUNG@YAHOO.COM  
Mobile Phone No (LOCAL) +65-97716745  
Alternative Phone No OFFICE-97716745

Vehicle Particulars

Manufacturer VOLKSWAGEN  
Model JETTA-1.4 (A)  
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  
If No, Please state action to be taken THIRD PARTY  
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number A80443026AVW  
Cover Note Number

Driver

Name of Driver YONG CHEE HOUNG  
NRIC No S7021666C  
Date Of Birth 04/07/1970  
Occupation INDOOR  
Date Of Driving Pass 15/07/2005  
Driving Experience 12 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97716745  
Fax Number  
Contact Number OFFICE-97716745  
EMail Address YONGCHEEHOUNG@YAHOO.COM

|                                                     |                                    |
|-----------------------------------------------------|------------------------------------|
| Address                                             | BLK 363 CLMEMENTI AVE 2<br>#05-437 |
| Postcode                                            | 120363                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | OWNER                              |
| Vehicle Registration Number of Driver's Own Vehicle | -                                  |
|                                                     | -                                  |
|                                                     | -                                  |
| Insurance Company of Driver's Own Vehicle           | -                                  |
|                                                     | -                                  |
|                                                     | -                                  |

#### General Information of the Accident

|                    |                                                 |
|--------------------|-------------------------------------------------|
| Type Of Accident   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR                                           |
| Road Surface       | DRY                                             |

#### Other Information

|                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident?                                          | NO  |
| Was any body injured in the Accident?                                                       | NO  |
| Was any other material or property damaged?                                                 | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)                                                     | 0   |

#### Details of Police Action

|                                           |    |
|-------------------------------------------|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER TO ATTACHMENT

#### Attachment(s)

|                                               |     |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |              |
|-------------------------------------|--------------|
| Vehicle Registration Number         | SHA3368U     |
| Vehicle Make/Model/Colour           | COMFORT TAXI |
| Details Of Properties               |              |
| Name of Driver                      | ABDUL RAZAK  |
| NRIC/Passport Number                |              |
| Contact Number                      | 81323600     |
| Address                             |              |
| Postcode                            |              |
| Insurance Company Name              |              |
| Nature Of Damage                    |              |
| No. Of Passenger (Including Driver) |              |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |

## Sketch Plan Pg. 1

### 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 Authorised 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. The 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 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.

Yong Chee Heng  
1 Nov 17 11:10am

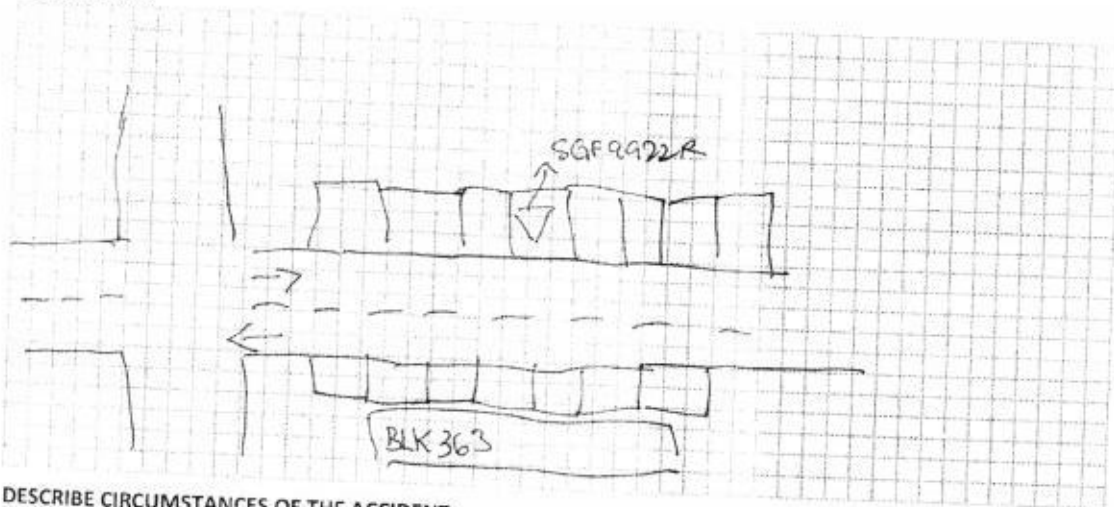
Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I discovered a white note on my car windscreen when I walked past my car going back home around 1205am on 11-Nov-17. There I realised that a taxi has bumped onto my car while reversing based on the note. The left front side was dented which I have confirmed.

I did not notice that my car had been knocked as I did not drive it for the whole week as I came back home from work late last.

my car was parked in front of my block all the while.

Based on the note, the ~~knocked~~ ~~knocked~~ knocked happened on 8-Nov-17. ~~From the~~ from the taxi driver statement, he mentioned that the knock happened on 8-Nov-17 5:15 pm.

DECLARATION

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

Yong Chee Hwang  
Signature: 11-Nov-17  
Policyholder's Signature  
Date & Time: 1110 am

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

VOLKSWAGEN  
GROUP  
SINGAPORE  
Signature: [Signature]  
Name: 01030001  
NRIC/FIN No.:

8 Nov 2017

Hi,

I am Abdul Razak, Hp# 81323600

At 5.16pm on 8 Nov 2017, I  
misjudged to my reverse and hit into  
your car SGF 9922R (front left part)

As I cannot contact you, I made a  
Police Report just now around 7.50pm.

~~Thank you~~

My vehicle is a Comfort Taxi SHA 3368U

Tomorrow morning, I will report further  
at Comfort Taxi Company.

My apologies for inconvenience caused.

Please call me.

Sincerely  
Razak