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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/11/2017 19:35
Date Of Accident	04/11/2017 12:05
Exact Location Of Accident	ALONG CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV2917X
Insured/Policyholder	
Name Of Registered Owner	RENAUD CLAUDE JEFFREY
NRIC No	S7166325F
Email Address	RENAUDCJ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91714647
Alternative Phone No	OTHERS-91714647
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 2.4 CVT AWD S/R FACE (A)
Exact Purpose for which vehicle was being used at time of accident	FERRYING CHILDREN FOR CLASS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 28808215 DMA
Cover Note Number	
Driver	
Name of Driver	RENAUD CLAUDE JEFFREY

 NRIC No
 S7166325F

 Date Of Birth
 07/06/1971

 Occupation
 INDOOR

 Date Of Driving Pass
 24/02/2004

Driving Experience 13 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91714647

Fax Number

Contact Number OTHERS-91714647

EMail Address RENAUDCJ@HOTMAIL.COM

Address 1J SURIN AVENUE

Postcode 533931

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 COLLISION - HEAD TO REAR

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.

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: CANNOT VIEW WITH THE OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC5839J
Vehicle Make/Model/Colour NISSAN

Details Of Properties

Name of Driver MR.TAN

NRIC/Passport Number

Contact Number 91836966

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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- 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.
- 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:
 - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

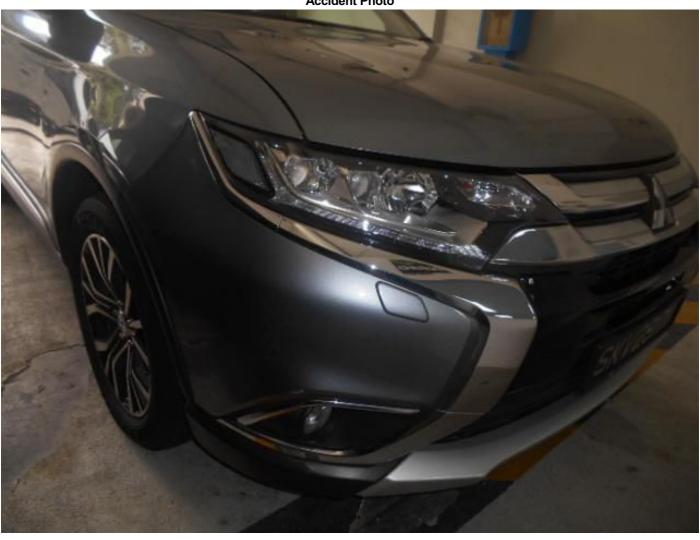
Seporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan #2

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NESS TO FILE FOR CELLING.	
DECLARATION	
/We declare the folegoing particulars are true in every respect:	201
Policyholder's Signature Driver's Signature Date & Time: Date & Time:	Ant.

























Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GR Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

			ADD			
0	PARTICULARS OF PERSON MAKING THE AMENDMENTS		MENTS:	8KV 2917X		
	Original Report No	NA41 1152	1000	Vehicle Registration	on No:	
	Name(as shown in NRIC) :	KANAUD	CHUOK	NRIC/FIN/Passpor	tNo: 5/16/05/23 1	
	Original Report No 1: NAY1 15 > 60 Vehicle Registration No: 2KV 2917 X Name(as shown in NRIC): R4NAUD CLAUDE FRAFFILM/Passport No: 57166325 F *Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate					
	Address :				Singapore(
	Contact (Tel)			Mobile No. :	11714647	
	Email Address					
	Date of Accident	04/11/20	17	Time of Accident :	12:05	
				MECKAY AVELLU	4	
	Place of Accident			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Insurance Company	- M810	r			
B) /	ADDITIONALINFOR	MATION	NDMENTS			
	Policy NUM		P 228083	US DMA		
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	Policyholder / Driver Date:	r's Signature	_	Reporting Cent Name: NRIC/FIN No.:	tre Personnel's Signature Rost warrang	