

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	17/11/2017 14:24
Date Of Accident	17/11/2017 09:20
Exact Location Of Accident	CENTRAL BLVD (BTW MARINA WAY & BAYFRONT AVENUE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN4979X
Insured/Policyholder	
Name Of Registered Owner	MANISHA GARG
NRIC No	S8483173E
Email Address	MANISHA.GARG2009@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91795252
Alternative Phone No	OFFICE-85118494
Vehicle Particulars	
Manufacturer	BMW
Model	316
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	B28970742SMP
Cover Note Number	
Driver	
Name of Driver	MANISHA GARG
NRIC No	S8483173E
Date Of Birth	22/02/1984
Occupation	INDOOR
Date Of Driving Pass	12/11/2012
Driving Experience	5 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91795252
Fax Number	
Contact Number	OFFICE-85118494
EEmail Address	MANISHA.GARG2009@GMAIL.COM

Address	177 TANJONG RHU ROAD #05-14
Postcode	436607
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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)	1

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 ATTACH.

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	SLM2111P
Vehicle Make/Model/Colour	MERCEDES BENZ DARK BLUE COLOR
Details Of Properties	
Name of Driver	SHEN GENLIN
NRIC/Passport Number	S2758539F
Contact Number	90263573
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

MNVBcode

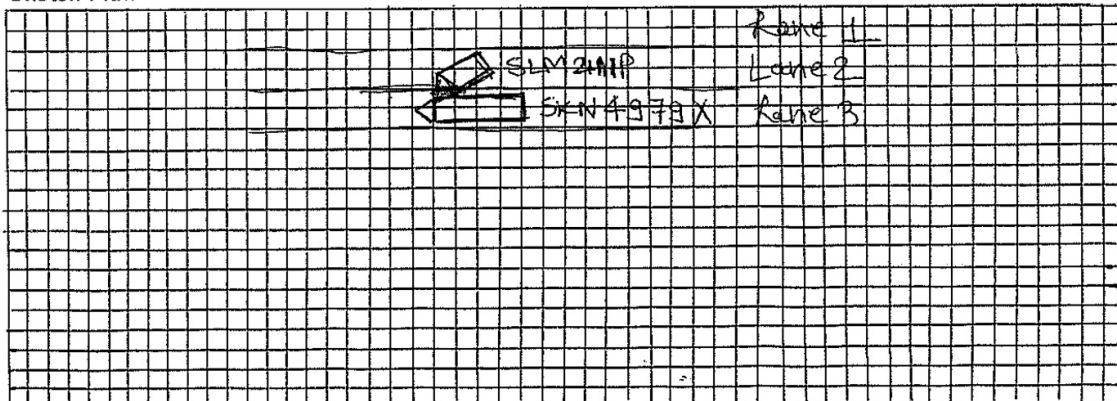
17-Nov-2017/11:30am

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

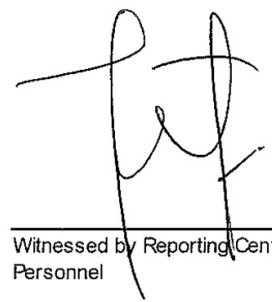
I was driving along Central Blvd on the third lane (from the right). A blue Mercedes-Benz (Vehicle No: SLM 2111P) which was driving on second lane (from right) suddenly bumped into the right front part of my car. The car (SLM 2111P) never noticed my vehicle and ^{try to} changed the lane without checking the left lane, while changing lane ~~car~~ to left lane (Veh No SLM 2111P) never checked the left lane (never noticed my car) and bumped into mine resulting in scratches and bumps all across my right side of the car. This is clearly other vehicle (SLM 2111P) fault as the driver tried to change ~~to~~ to left lane without checking. After the accident when I spoke to driver he told me that he was speaking on phone and never noticed my car.

Declaration

We declare the foregoing particulars are true in every respect.

M.N. Botkade
17 Nov 2017 / 11:30am
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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