SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	26/12/2017 10:26
Date Of Accident	23/12/2017 10:15
Exact Location Of Accident	SERANGOON AVE 2 SLIP RD INTO AMK AVE 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFC8202U
Insured/Policyholder	
Name Of Registered Owner	TAN SAI HONG
NRIC No	S0190084F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97374966
Alternative Phone No	OFFICE-97374966
Vehicle Particulars	
Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
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	B 27203319 SMP
Cover Note Number	-
Driver	
Name of Driver	TAN SAI HONG
NRIC No	S0190084F
Date Of Birth	30/10/1954
Occupation	INDOOR
Date Of Driving Pass	20/07/1977
Driving Experience	40 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97374966
- w :	

OFFICE-97374966

NOEMAIL

Address 33A HILLSIDE DR

Postcode 548951

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

-

NO

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

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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) 3

Passenger 1

NAME: : LOW PAK HONG

GENDER: : MALE

Passenger 2 NAME: : JOSEPHINE LAU

GENDER: : FEMALE

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 ATTACHED STATEMENT.

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 SBS6570H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:

- 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
- 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.
- 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.

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

CH PLAN					
Amk Ave 1		Rounda	ry Rol		
*					C 9202(
CRIBE CIRCUMSTANCES C	OF THE ACCIDENT	Serango	ou Ave 2		
Please R	cfer to	Stateme	a t		
710.00					
	/				
CLARATION e declare the foregoing partic	ulars are true in every re	espect.			
cyholder's Signature e & Time:	Driver's Signature (If driver is not th	e policyholder)	Reportin Name: NRIC/FIN	ng Centre Personne	el's Signature

Date & Time:

DARMC Sunch Plan Form, V3

Motor Vehicle Accident Report Motor Policy No - B27203319 SMP - MSIG

On Saturday, 23 Dec 2017, at about 10:15-10:20 am, my motor vehicle registration no: SPC 82024 was travelling along Sevangoon Are 2 towards horong Chuan. If My car stopped at the filter lane towards horong Chuan and suddenly an SBS bus service no: 135, bus registration no: SBS 6570 H hit the back of my car, which was stationary at that time, as I was waiting for the traffic from Boundary Road to clear before.

(iltering out to horong Chuan (towards Bradde)
Road).

The bus driver gave me a phone no to contact SBS as he did not want to give me his particulars. I called SBS and was informed that the Claims Dept was closed on Saturday.

I notified the MSIG agent via What's Apps as well as the 24-hour helplines of the accident on 23 Dec 2017 due to the long holidays.

Material Earling and West Commencing and





































