

## 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	28/12/2017 11:36
Date Of Accident	26/12/2017 13:30
Exact Location Of Accident	JUNCTION OF NORTH BUONA VISTA/AYER RAJAH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2010H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH MARC YI,MARCUS
NRIC No	S9508635G
Email Address	MARCUS.KMY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96329429
Alternative Phone No	OFFICE-96329429

### Vehicle Particulars

Manufacturer	HONDA
Model	TIGER-197CC GL 200R
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-980076-WTT
Cover Note Number	

### Driver

Name of Driver	KOH MARC YI,MARCUS
NRIC No	S9508635G
Date Of Birth	21/02/1995
Occupation	INDOOR
Date Of Driving Pass	23/01/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96329429
Fax Number	
Contact Number	OFFICE-96329429
Email Address	MARCUS.KMY@GMAIL.COM

Address	BLK 2 GHIM MOH ROAD #13-310
Postcode	270002
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : NG HWEE CHERN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUONA VISTA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 HOLLAND DRIVE , POSTCODE: 271013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7779999 - FAX NO: 67765857
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171226/2147

#### 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	SHC3382S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG KWEE YONG
NRIC/Passport Number	S6946423H
Contact Number	98210576
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name KOH MARC YI,MARCUS

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE2010H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name NG HWEE CHERN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE2010H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



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8. **Consent under the Personal Data Protection Act (PDPA)**

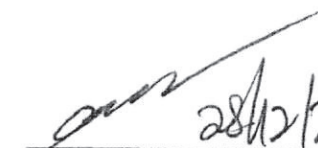
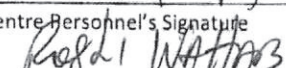
I understand, acknowledge, agree and consent that:

- (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' 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.

 27/12/2017

Policyholder's Signature  
Date & Time:

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

 28/12/2017  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:



Reporting Centre Personnel's Signature  
Name: Paul W  
NRIC/FIN No.: 9201 1111 1111

Name:  
NRIC/FIN No.: