

## 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	05/01/2018 13:46
Date Of Accident	04/01/2018 20:10
Exact Location Of Accident	JUNC OF RAFFLES QUAY & CROSS ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR2567R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HUI XIAN RACHAEL (CHEN HUIXIAN)
NRIC No	S8337202H
Email Address	TANRACHAEL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93673344
Alternative Phone No	OFFICE-93673344

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS250 AUTO STANDARD
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 27351564 SMF
Cover Note Number	-

### Driver

Name of Driver	TAN HUI XIAN RACHAEL (CHEN HUIXIAN)
NRIC No	S8337202H
Date Of Birth	16/11/1983
Occupation	INDOOR
Date Of Driving Pass	22/09/2003
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93673344
Fax Number	
Contact Number	OFFICE-93673344
Email Address	TANRACHAEL@YAHOO.COM.SG

Address	BLK 873 YISHUN ST 81 #11-169
Postcode	760873
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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

MY VEH STOP AT THE TRAFFIC LIGHT JUNCTION. ON GREEN LIGHT, I MOVE OFF, WITHIN A FEW SECONDS, THE LORRY B IN FRONT OF ME JAM BRAKE. I BANG ONTO THE BACK OF THE LORRY B. ACCORDING TO LORRY B, A BLACK MAZDA (VEH X) WHICH WAS ORIGINALLY ON THE 4TH LANE BESIDE THE LORRY B DURING THE RED LIGHT, ON GREEN LIGHT, MOVE AND CUT INTO LORRY B LANE TO DO A RIGHT TURN INTO CROSS ST. THESE ARE ALL CAPTURE IN LORRY B AND MY IN-CAR CAMERA. WITNESS MR JOHN KIAC, COME FORWARD TO PROVIDE BLACK MAZDA (VEH X) CAR DETAILS AS SLK4200M. WITNESS MR NARIAKI UCHIDA COME FORWARD AND SAY HE WITNESS THE WHOLE ACCIDENT. AFTER 20 MIN, PARAMEDICS AND TRAFFIC POLICE ARRIVED TO THE ACCIDENT SCENE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### Details of Witness 1

Name	NARIAKI UCHIDA
Phone Number	97239804
Email Address	

#### Details of Witness 2

Name	JOHN KIAC
Phone Number	92380850
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY5193D
Vehicle Make/Model/Colour	

**Details Of Properties**

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR ABU HAYDAR MOHAMMED MOSHARAF HAKMNH
NRIC/Passport Number	F7970912M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLK4200M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	TAN HUI XIAN RACHAEL (CHEN HUIXIAN)
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SGR2567R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### 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' 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.



Policyholder's Signature

Date & Time:

5 JAN 2018 2:10 PM



Driver's Signature

(If driver is not the policyholder)

Date & Time:

5 JAN 2018 2:10 PM



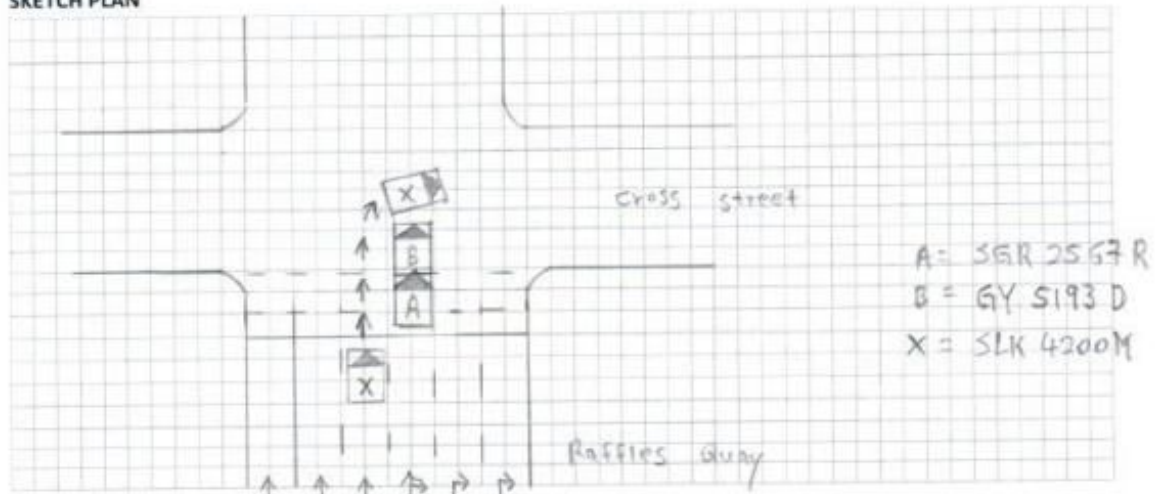
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

### DECLARATION

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

Policyholder's Signature

Date & Time:

5 JAN 2018 2:10 PM

QUARTERMASTER

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5 JAN 2018 2:10 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Photo



Accident Photo

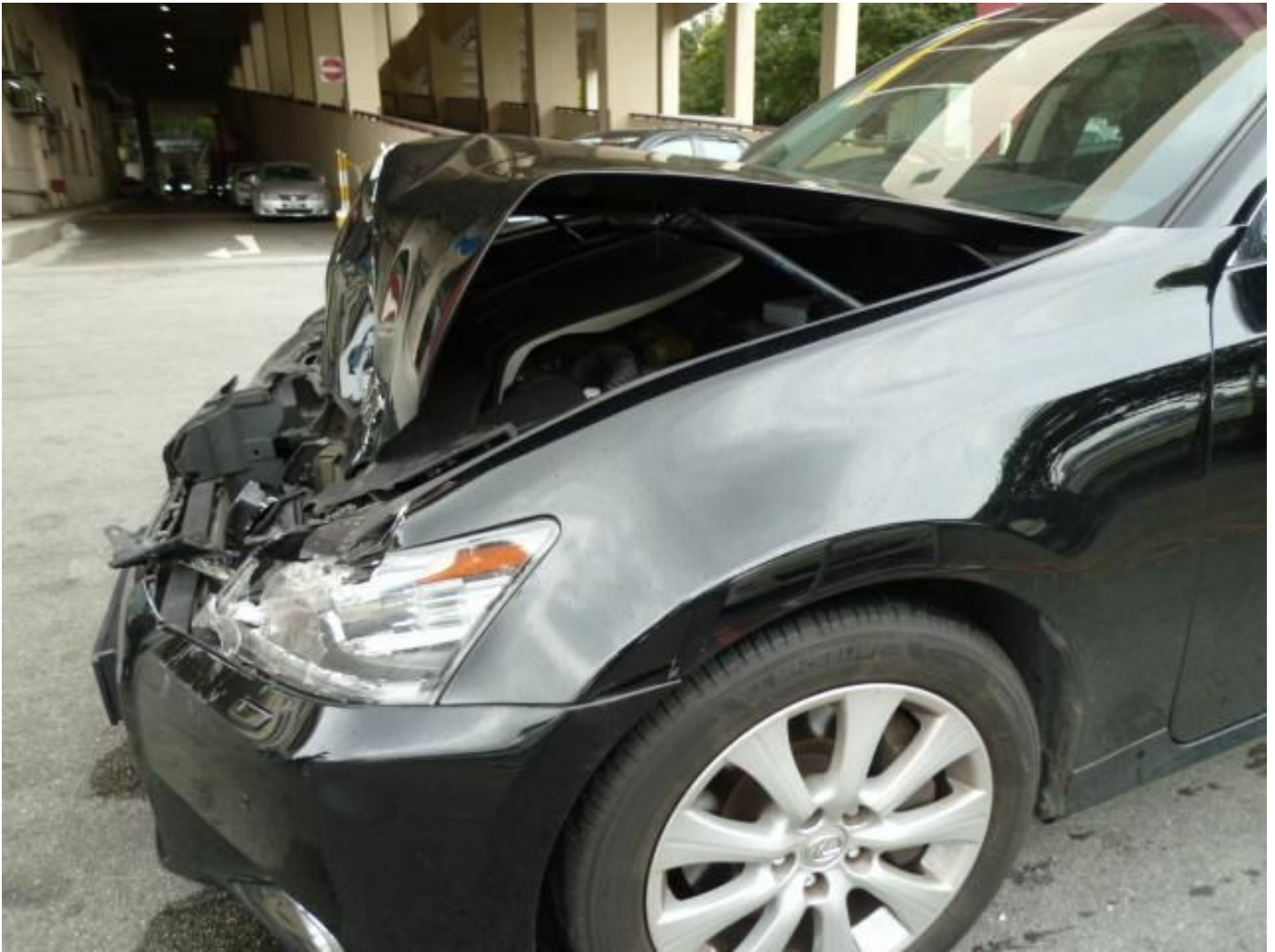


Accident Photo





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