

## 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	08/01/2018 10:37
Date Of Accident	05/01/2018 19:40
Exact Location Of Accident	EAST COAST PARK SERVICES RD EXIT OF CARPARK D1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL122B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAY LIN MARSHALL
NRIC No	S7048551F
Email Address	MAYLINMARSHALL@OUTLOOK.SG
Mobile Phone No	(LOCAL) +65-97493532
Alternative Phone No	OTHERS-81181156

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 A/T ABS D/AIRBAG 2WD 4DR
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	P 28880628 DMA
Cover Note Number	-

### Driver

Name of Driver	MAY LIN MARSHALL
NRIC No	S7048551F
Date Of Birth	21/02/1970
Occupation	INDOOR
Date Of Driving Pass	11/12/1989
Driving Experience	28 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97493532
Fax Number	
Contact Number	OTHERS-81181156
Email Address	MAYLINMARSHALL@OUTLOOK.SG

Address	29 CHAPEL RD
Postcode	429535
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	
Was any body injured in the Accident?	NO
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.	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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF1300C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG VINCENT
NRIC/Passport Number	S7245486C
Contact Number	81677866
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.

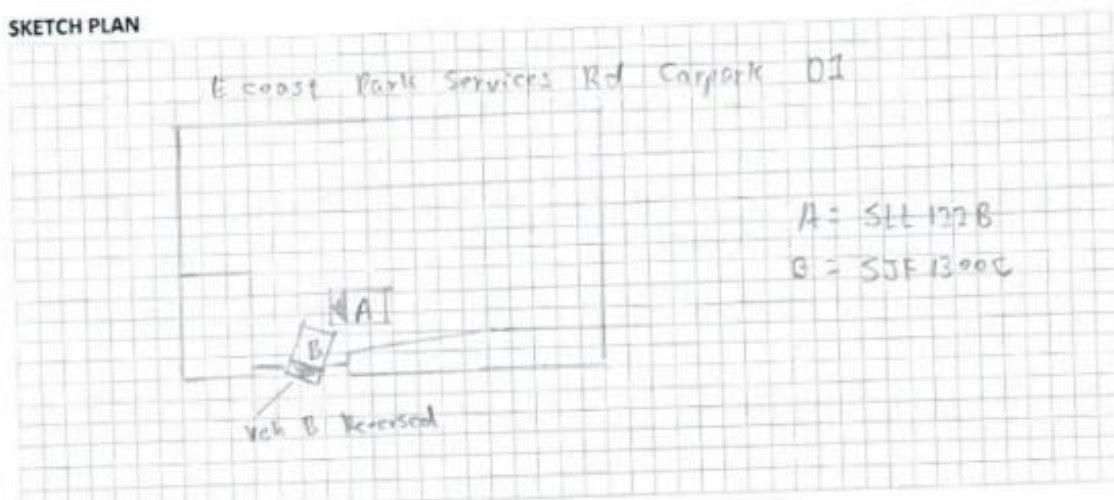
  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

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

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

### Accident Sketch Plan

WHILE WAITING BEHIND VEH B EXIT FROM THE EAST COAST PARK SERVICES RD CARPARK D1. SUDDENLY VEH B REVERSED INTO MY VEH. AS THE RESULT, VEH B HIT ONTO MY VEH LEFT FRONT PORTION.

LTA LETTER

10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

25 Jan 2017

Our ref 2501170203N042

MAY LIN MARSHALL  
29 CHAPEL ROAD  
SINGAPORE 429535

Dear Sir/Madam

**NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION  
SLK4987B WITH VEHICLE REGISTRATION NO. SLL122B**

We are pleased to inform you that your application of 25 Jan 2017 for replacement registration number has been approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SLL122B (Previously SLK4987B)  
Vehicle Make : MERCEDES BENZ  
Vehicle Model : C200 A/T ABS D/AIRBAG 2WD 4DR  
Chassis No. : WDD2050422R237992  
Engine No./ Motor No. : 27492030820240 / -

Please change the number plates on your existing vehicle (ie. Chassis No. WDD2050422R237992, Engine No./ Motor No. : 27492030820240 / -) to display the replacement registration number, SLL122B by 28 Jan 2017. It is an offence to keep or use the vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not exceeding \$1,000 or imprisonment to a term not exceeding 3 months, and for the second subsequent offence a fine not exceeding \$2,000 or imprisonment to a term not exceeding 6 months.

Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) if you require further assistance. You may either quote the Business Transaction Reference No. 0170125163946334555 or the vehicle number when making your enquiry.

Thank you.

Yours sincerely

G LAY CHOO (MS)  
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS  
VEHICLE SERVICES GROUP  
LAND AND TRANSPORT AUTHORITY

This is a computer-generated notice that requires no signature.)



Accident Photo



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**Accident Photo**



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