

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	14/01/2018 09:17
Date Of Accident	12/01/2018 15:10
Exact Location Of Accident	ALONG PIE > CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT3658J
Insured/Policyholder	
Name Of Registered Owner	KHOO AH HOCK
NRIC No	S2196823D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97906388
Alternative Phone No	OTHERS-97906388
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA GP 1.4 TSI 90 A/T TL 1632G5
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	A28748015
Cover Note Number	
Driver	
Name of Driver	KHOO AH HOCK
NRIC No	S2196823D
Date Of Birth	13/12/1958
Occupation	INDOOR
Date Of Driving Pass	15/08/1977
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97906388
Fax Number	
Contact Number	OTHERS-97906388
Email Address	NOEMAIL

Address	BLK 232 JURONG EAST STREET 21 #05-428
Postcode	260232
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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

REFER TO BELOW STATEMENT/SKETCH PLAN:

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR941Y
Vehicle Make/Model/Colour	MITSUBISHI LANCER EX 1.6 AT LED TAIL LAMP
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL85Z
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Vehicle Make/Model/Colour	MERCEDES BENZ E250 SEDAN (R18)
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	FBG324E
Vehicle Make/Model/Colour	YAMAHA SNIPER T150
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	KHOO AH HOCK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJT3658J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	232 JURONG WEST STRETE 21 #05-428
Postcode	260232

Accident Sketch Plan Pg. 1

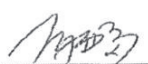
SKETCH PLAN

IMPORTANT NOTICE

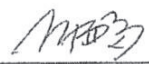
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4

Reporting Centre Personnel's Signature
Name: Singapore 415933
Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1

SKETCH PLAN

A - SJT 3658J
B - SLR 941Y
C - SJL 85Z
D - FBG 324E

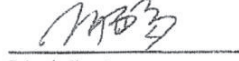
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

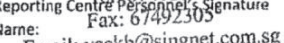
on 12/1/2018 at 1510 hrs, I was driving my vehicle (A) along PIE towards Changi. suddenly a motor-cycle skipped and fall. vehicle (C) stop, I stop too suddenly vehicle (B) hit on my rear portion and cause my car to push forward and hit on vehicle (C). There were 4 cars involved in an accident.

DECLARATION

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


Policyholder's Signature
Date & Time:


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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Tel: 67416697
Reporting Centre Personnel Signature
Name: 
Fax: 67492303
Email: yackb@singnet.com.sg
NRIC No.: