

## 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 10:11
Date Of Accident	05/01/2018 23:05
Exact Location Of Accident	TPE TOWARDS PIE NEAR EXIT OF PUNGGOL WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8449K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD ZAEID BIN MOHAMD RASID
NRIC No	S8416493C
Email Address	DDIABLO84@YMAIL.COM
Mobile Phone No	(LOCAL) +65-82018475
Alternative Phone No	OTHERS-82018475

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	A29001197QMY
Cover Note Number	

### Driver

Name of Driver	MOHAMAD ZAEID BIN MOHAMD RASID
NRIC No	S8416493C
Date Of Birth	16/05/1984
Occupation	INDOOR
Date Of Driving Pass	29/11/2011
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82018475
Fax Number	
Contact Number	OTHERS-82018475
EEmail Address	DDIABLO84@YMAIL.COM

Address	BLK 212B PUNGGOL WALK #02-723
Postcode	822212
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	HIT BY FALLEN TREE / OTHER OBJECTS
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?	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

ON 5/1/18 AT ABOUT 11:05PM, I WAS DRIVING MY VEHICLE BEARING REGISTRATION NUMBER SKW8449K ALONG THE TOWARDS PIE, I WAS ON THE RIGHT MOST LANE, I NOTICED THAT THERE WAS A LOUD SOUND EMITTING FROM THE VEHICLE SBZ111Z NEXT TO ME ON THE CENTRE LANE. I THEN FELT SOMETHING HAD HIT THE SIDE DOOR OF MY VEHICLE, I PULLED MY CAR OVER, THE DRIVER OF THE OTHER VEHICLE ALSO PULLED HIS CAR OVER. I NOTICED THAT HIS REAR RIGHT TYRE WAS PUNCTURED AND HIS RIM HAD BEEN DAMAGED. WE THEN EXCHANGE OUR CONTACT DETAILS. MY VEHICLE HAD A DEEP SCRATCH MARK ON THE LEFT FRONT PASSENGER DOOR.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBZ1111X
Vehicle Make/Model/Colour	VOLVO / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HANIFF
NRIC/Passport Number	
Contact Number	96252769
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

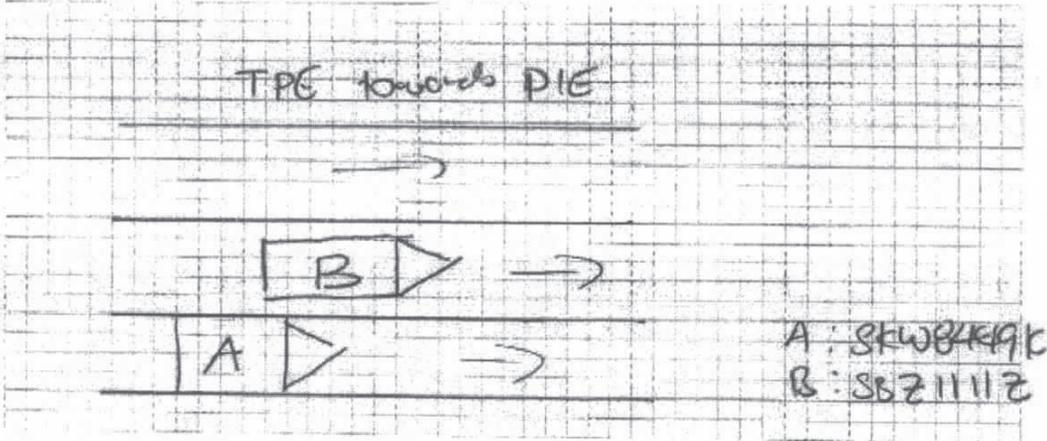
Policyholder's Signature  
 Date & Time: 6/1/17

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/1/18 at about 11 05 pm, I was driving my vehicle bearing registration number SKW 8449K along TPE towards PIE. I was on the right most lane. I noticed that there was a loud sound emitting from the vehicle next to me on the centre lane, SBZ 1111Z. I then felt something had hit the side door of my vehicle. I pulled my car over. The driver of the other vehicle also pulled his car over. I noticed that his rear right tyre was punctured and his rim had been damaged. We then exchange our contact details. My vehicle had a deep scratch mark on the left front passenger door.

DECLARATION

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

Policyholder's Signature  
Date & Time: 6/1/18

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

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