

## 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	03/01/2018 15:24
Date Of Accident	27/12/2017 08:40
Exact Location Of Accident	BISHAN DROP-OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6672S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHU JYH JENG
NRIC No	S8475957J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93807089
Alternative Phone No	Others-93807089

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	54500010

### Driver

Name of Driver	MAK YA TING
NRIC No	S8575232D
Date Of Birth	11/12/1985
Occupation	INDOOR
Date Of Driving Pass	02/11/2005
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98629141
Fax Number	
Contact Number	
EMail Address	TINGTINGMAK@GMAIL.COM

Address	BLK 346 ANG MO KIO AVENUE 3, #02-2260
Postcode	560346
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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

see attached.

#### 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	SHB7549H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WANG HUI LIN
NRIC/Passport Number	S2220654J
Contact Number	90089658
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:

3/1/18 1:15pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

3/1/18 1:15pm

Reporting Centre Personnel's Signature

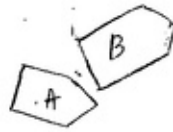
Name:

NRIC/FIN



SKETCH PLAN

TAXI PICK-UP POINT



A: SKN6672S

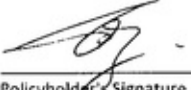
B: SHB7549H

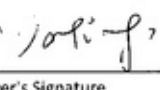
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


~~Vehicle B was moving out from the middle lane~~ (toward the most right lane)  
 Vehicle A (I) was moving out from the middle lane with a right signal  
 and as vehicle B (Taxi driver) was cutting in from the most right lane  
 to the most left lane. The car in the most left lane had moved forward  
 Another  
 and there was a space ~~but~~ for vehicle B to move in. ~~Vehicle~~ As vehicle  
 B was moving into the most left lane and I (vehicle A) was moving toward  
 most right, vehicle B abruptly stopped in my lane instead of continue  
 with the moving, hence I made an emergency brake and the car  
 had stopped before it hit onto the vehicle B. I didn't feel any collision  
 or even light knock during the incident; ~~we~~ but driver of vehicle B  
 stayed in the car for few minutes and ~~came~~ only <sup>got down from</sup> ~~came out of~~ the car  
 when I pressed the horn. And she asked to check the damage of the cars  
 so we took a few pictures on the spot. Then we moved aside to check  
 the cars and ~~we~~ saw no scratch / dent on both of the cars. There  
 was also no injury to either party. The whole incident took about 15  
 minutes.

DECLARATION

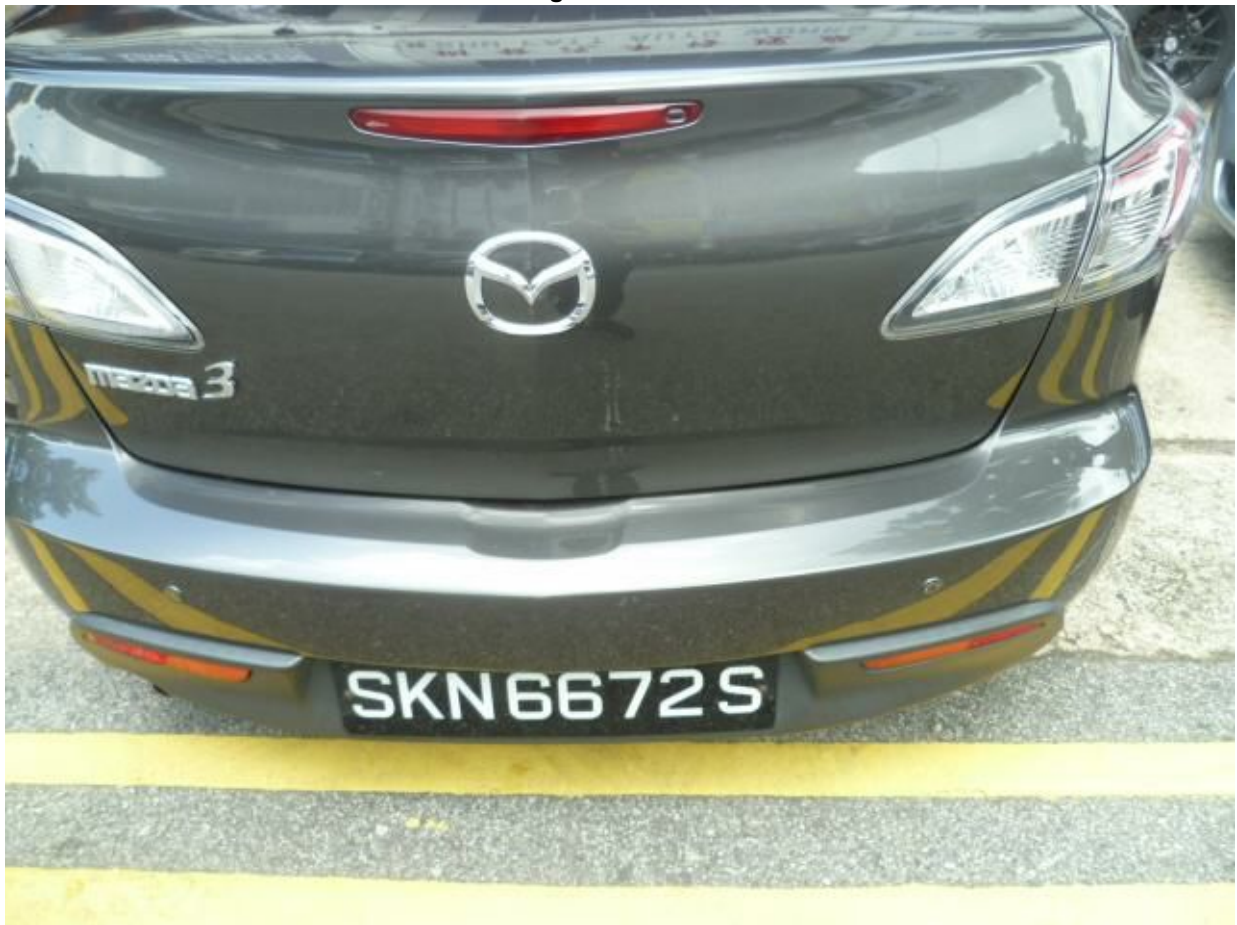
I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:  
 3/1/18 1:15pm

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:  
 3/1/18 1:15pm

  
 Reporting Center's Signature  
 Name: J W  
 NRIC/FIN No.: 8404 1260

general view



Accident Photo



Accident Photo





Accident Photo





Accident Photo



chassis no



MODEL: 型式

PAINT

38R

JM6BL10Z1A0101056

VEHICLE ID. NO.: 車台番号

マツダ株式会社

Mazda Motor Corporation

Made in Japan

(G22CB)

accident site photo





accident site photo

