

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 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	01/02/2018 15:35
Date Of Accident	31/01/2018 15:15
Exact Location Of Accident	LORONG 2 FILTER LANE INTO PIE (CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ3721Y
Insured/Policyholder	
Name Of Registered Owner	LEE CHIN KOON
NRIC No	S1452402I
Email Address	SLEECK18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96908039
Alternative Phone No	OTHERS-98007649

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.8 BLUE EFFICIENCY (A)
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	A 27718435 QMY
Cover Note Number	

Driver

Name of Driver	PNG LAY HWA
NRIC No	S1432453D
Date Of Birth	07/11/1960
Occupation	INDOOR
Date Of Driving Pass	01/02/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98007649
Fax Number	
Contact Number	
Email Address	SLEECK18@GMAIL.COM

Address	5 MULBERRY AVENUE
Postcode	348350
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	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	2
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)	2
Passenger 1	NAME: : ERNY (MAID) GENDER: : FEMALE

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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD1083J
Vehicle Make/Model/Colour	NISSAN NV350
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROSLI BIN MOHAMAD TAHIR
NRIC/Passport Number	S1542066I
Contact Number	96649175
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

01/08/2018
15:55

SKETCH PLAN (2018) (Rev. 02)

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

01/08/2018
15:55

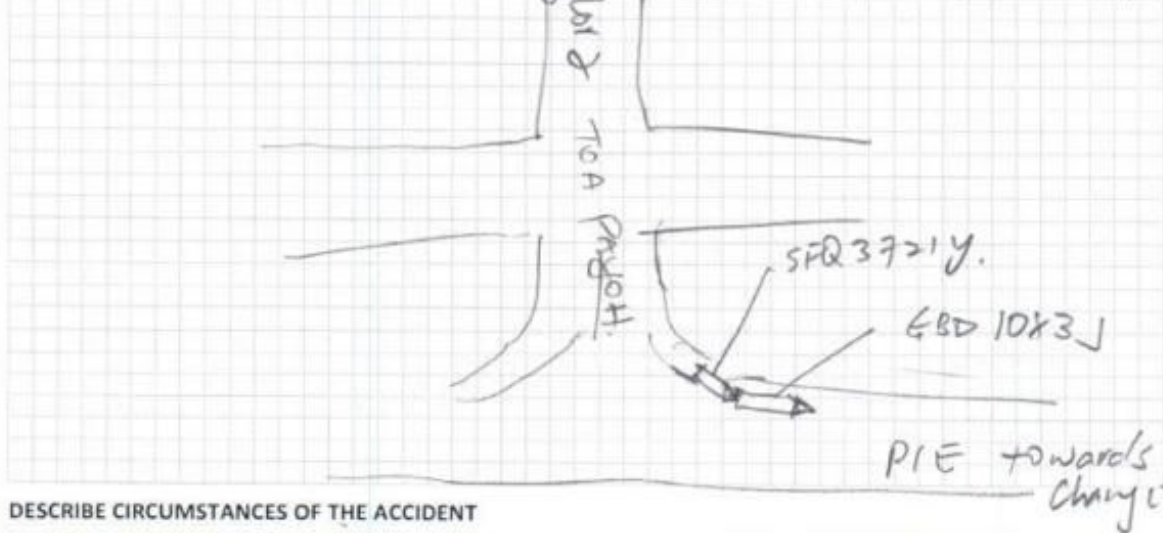
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

01/08/2018
Rishi WATHAN

Sketch Plan #2

SKETCH PLAN

LOKONG 2 TOA PAYOH FILTER TO PIE CHANGI AIRPORT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 15:20 hr, I am driving for Lok 2 Toa Payoh Toward PIE Changi Airport. At the filter lane of Lok 2 and PIE Both vehicles stop. The Van drive up at PIE and suddenly stop due to the incoming vehicle from PIE. My vehicle knock the back of the Van due to the accidently the Van stop. My front slightly damage with the rear of Van slight damage.

DECLARATION

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

Policyholder's Signature

Date & Time: 01/01/2018
15:55

Driver's Signature

(If driver is not the policyholder)
Date & Time: 01/01/2018
15:55

Reporting Centre Personnel's Signature

Name: Rosli Wathani
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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