

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	05/02/2018 17:01
Date Of Accident	03/02/2018 22:45
Exact Location Of Accident	ORIENT PALACE FURAMA RIVERFRONT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SQ11D
Insured/Policyholder	
Name Of Registered Owner	LEE LAY TING JANE
NRIC No	S1777248A
Email Address	SQ11JANE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96912311
Alternative Phone No	OFFICE-96912311

Vehicle Particulars

Manufacturer	BMW
Model	5
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	
Cover Note Number	

Driver

Name of Driver	LEE LAY TING JANE
NRIC No	S1777248A
Date Of Birth	16/11/1966
Occupation	INDOOR
Date Of Driving Pass	21/01/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	+65-96912311
Fax Number	
Contact Number	OFFICE-96912311
EEmail Address	SQ11JANE@SINGNET.COM.SG

Address	45 SUNRISE CLOSE
Postcode	806650
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	COLLISION - MAJOR/MINOR RD
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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 Witness 1

Name	JASMINE TAN
Phone Number	98185232
Email Address	EMPLOYEE OF SPANES (A SPA COMPANY UP STAIRS)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ217J
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	
Name of Driver	SIOW TENG SOONG
NRIC/Passport Number	S2587826D
Contact Number	91883024
Address	122 JURONG EAST ST 13#06-43
Postcode	600122
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

4

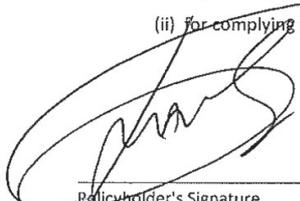
SKETCH PLAN

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

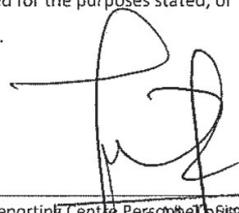
I understand, acknowledge, agree and consent that:

- (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.



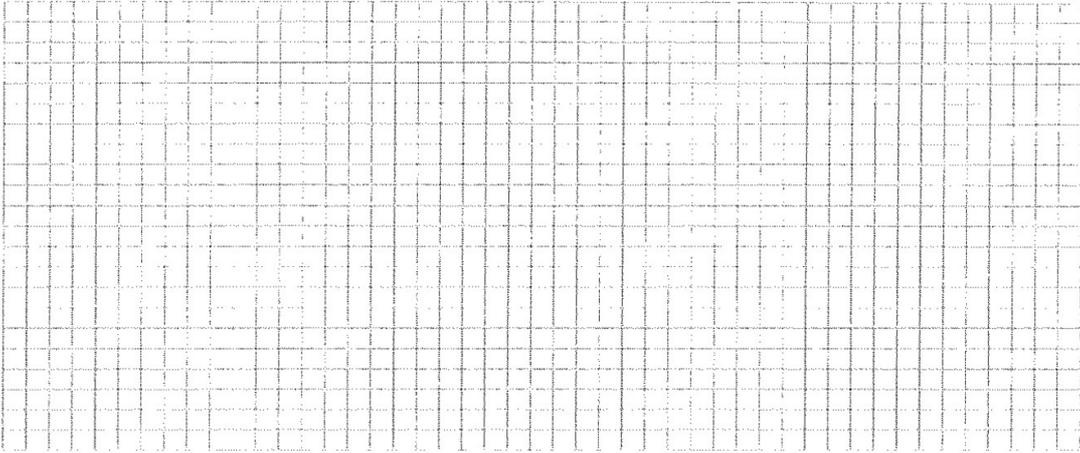
Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name: Performance Motors Limited
NRIC/FIN No.: 803 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/2/18 at 2245, I was entering the carpark of Furama Riverfront Hotel. As I passed through Orient Palace restaurant's entrance, the car SKJ217J swerved head on to his right onto the passenger seat of my car. His car was parked at the side of the road to allow his family to board the car after dinner. My son saw that the driver did not check his right side before turning out, right after his family boarded.

I wish to state that we have exchanged particulars and he insist that he has the right of way and wants to claim his damages on me. I have lodged this case for police assistance who will contact the hotel for CCTV footage. Kindly liaise with the police/hotel for further enquiries, if any.

DECLARATION

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

Policyholder's Signature

Date & Time: 5/2/18

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

Reporting Centre Name: Inthiran A/L Thurasamy Performance Motors Limited
603 Alexandra Road
Sime Darby Performance Centre
Singapore 159941
NRIC/FIN No.:

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPML 18017902 Vehicle Registration No: SQ11D
Name (as shown in NRIC) : Lee Lay Ting Jane NRIC/FIN/Passport No :
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : Mobile No. :
Email Address :
Date of Accident : 3-02-2018 Time of Accident : 2245hrs
Place of Accident : Orient Palace Furama Riverfront
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached sketch plan
[Handwritten text on lined paper]

F: [Signature]
Policyholder / Driver's Signature
Date: 6/2/2018

[Signature]
Reporting Centre Person's Signature
Name: Inthiran A/L Thiraseemy
303 Alexandra Road
NRIC/FIN No: Sime Darby Performance Centre
Date: Singapore 159941

