#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	19/02/2018 09:51
Date Of Accident	18/02/2018 13:15
Exact Location Of Accident	UPPER PICKERING STREET PARK ROYAL HOTEL ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT169Z
Insured/Policyholder	
Name Of Registered Owner	ELINOR TRUDY CHIA
NRIC No	S7916906D
Email Address	MELVYNTEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97985566
Alternative Phone No	OTHERS-96965438
Vehicle Particulars	
Manufacturer	BMW
Model	X5
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	

#### Driver

Name of Driver TEO KIAN HUAT
NRIC No S7201632G
Date Of Birth 13/01/1972
Occupation INDOOR
Date Of Driving Pass 02/02/1995

Driving Experience 23 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97985566

Fax Number

Contact Number

EMail Address NOEMAIL

Address 9 NEWTON ROAD #20-07

Postcode 307997

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

NO

NO

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**General Information of the Accident** 

Type Of Accident **COLLISION - CHANGE/CROSS LANE** 

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : ELINOR TRUDY CHIA

GENDER: : FEMALE

Passenger 2 NAME: : MELVYN TEO

> GENDER: : MALE

Passenger 3 NAME: : THADDEUS TEO

> GENDER: : MALE

Passenger 4 : THIERRY TEO NAME:

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

**Details of Witness 1** 

Name PARK ROYAL HOTEL STAFF

Phone Number **Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SI G74897

Vehicle Make/Model/Colour HONDA VEZEL BLACK

**Details Of Properties** 

Vehicle Category PRIVATE HIRE

Name of Driver SEKHAR S/O MURUSAN

NRIC/Passport Number S7511027H
Contact Number 81818201

Address Postcode

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage REAR
No. Of Passenger (Including Driver) 2

#### SKETCH PLAN

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- The 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 lodgment 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.
- 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.

GARY POH CHAIHOON Performance Motors Limited 303 Alexandra Road

303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/2/18 9. 20 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Par Poyal	
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Copper Proceeding Street	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	_
At 1.13 pm on 18 Feb 18, I was bacelly along upon Pickeny Street, near the Park Royal Hotel putrare.	
Picken's Street, near the Park Royal Hotel putraise.	
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prefuer.	
(when ther)	
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to turn , who the hoppi	
The hotel staff when not the incident.	
ECLARATION GARY POH CHA	/I HOC
We declare the foregoing particulars are true in every respect.  Performance Notore	/ // /
303 Alexandra F Sime Darby Renorman	
Singapore 1599	941
olicyhoider's Signature Driver's Signature Reporting Centre Personnel's Signature ate & Time: (If driver is not the policyholder) Name:	
Date & Time: 19/2/18 9-70an NRIC/FIN No.:	

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