

SINGAPORE ACCIDENT STATEMENT

MSIG WINNER
VS ?
~~MSIG WINNER~~
OUT

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 12/02/2018 12:45
Date Of Accident 10/02/2018 13:30
Exact Location Of Accident VIVO CITY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP7215A
Insured/Policyholder
Name Of Registered Owner CHIN BIN, MELODY
NRIC No S8534836A
Email Address MELODYCELESTINE@GMAIL.COM
Mobile Phone No (LOCAL) +65-98180034
Alternative Phone No OFFICE-98180034

Vehicle Particulars

Manufacturer VOLKSWAGEN
Model SPORTSVAN 1.4 TSI HL

Exact Purpose for which vehicle was being used at time of accident

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 LOUIS MAURICE JEAN-C
NRIC No S8269720I
Date Of Birth 20/01/1982
Occupation INDOOR
Date Of Driving Pass 24/02/2016
Driving Experience 1 YEAR AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97732197
Fax Number
Contact Number
Email Address JEANCHRISTOPHECELESTIN@GMAIL.COM

Address BLK 130 CLARENCE LANE , #07-36
 Postcode 140130
 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 - 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
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

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 SLN8057T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE HIRE
 Name of Driver HOE YEOW CHUAN
 NRIC/Passport Number S8675140B
 Contact Number 8500 7786
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

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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)**

(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.

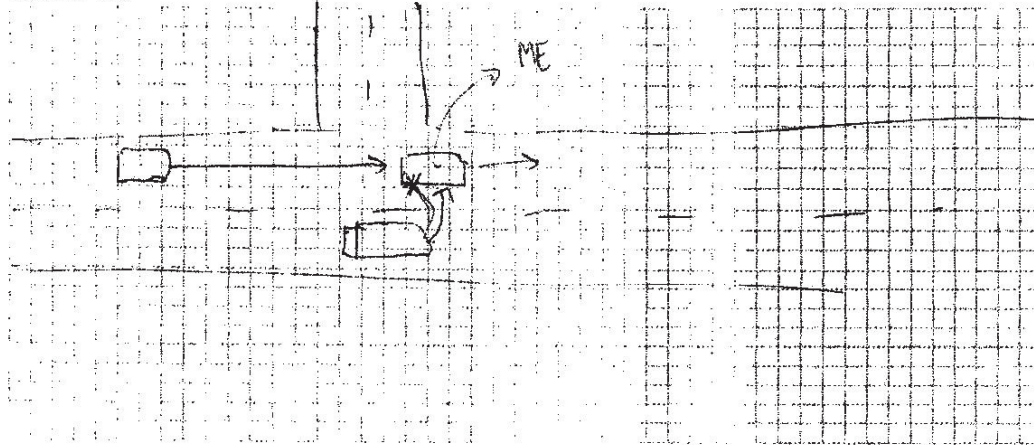
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was going straight and the other vehicle was turning left as he had missed his turn. He turned left into me as I was driving past his car.

OTHER VEHICLE DETAILS:

RENTAL CAR — POPULA RENT A CAR

Number plate: SLN 90570

NAME: HOE YEDW CHUAN

NRIC: 58675140B (Licence N°)

CONTACT NO : +65 8500 7786

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SLP 7215A
A 2897 5446 AVW
CONTACT : 9773 2197
EMAIL :
jeanmaurice@protonmail.com



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S82697201**



NAME
**LOUIS MAURICE JEAN-C
CELESTIN**

RACE
CAUCASIAN

Date of birth
20-01-1982

Sex
M

Country/Place of birth
MAURITIUS

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg
EFFECTIVE DATE: 24 Feb 2016

NP 426A



9394319



NRIC No. **S82697201**



NATIONALITY
AUSTRALIAN
Date of issue
20-02-2016

APT BLY 130 CLARENCE LANE
#07-06
SINGAPORE 140130