

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	21/02/2018 11:06
Date Of Accident	20/02/2018 18:15
Exact Location Of Accident	RIVERVALE DRIVE TOWARDS RIVERVALE STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE8999X
Insured/Policyholder	
Name Of Registered Owner	CHEW CHEE KEONG (ZHAO ZHIQIANG)
NRIC No	S8314570F
Email Address	CHEEKEONG_BM107@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96424107
Alternative Phone No	OTHERS-96424107

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 PREMIUM (A)
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	A 71480109 QMX
Cover Note Number	

Driver

Name of Driver	CHEW CHEE KEONG (ZHAO ZHIQIANG)
NRIC No	S8314570F
Date Of Birth	14/05/1983
Occupation	INDOOR
Date Of Driving Pass	28/12/2001
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96424107
Fax Number	
Contact Number	OTHERS-96424107
EEmail Address	CHEEKEONG_BM107@YAHOO.COM.SG

Address BLK 441D FERNSVALE ROAD
#21-343

Postcode 794441

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 - 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) 4

Passenger 1
NAME: : LIM CHOON LUAN
GENDER: : FEMALE

Passenger 2
NAME: : CHEW ZUN WENG
GENDER: : MALE

Passenger 3
NAME: : CHEW ZUN TENG
GENDER: : MALE

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

I WAS DRIVING MY VEHICLE A AND WAS TRAVELLING ALONG RIVERVALE DRIVE TOWARDS RIVERVALE STREET. AS THE FRONT TRAFFIC SLOWED DOWN AND STOPPED, I FOLLOWED AND STOPPED MY VEHICLE TOO. WHILE WAITING, I FELT AN IMPACT COMING FROM MY VEHICLE REAR. I GOT OFF FROM MY VEHICLE AND REALISED VEHICLE B HAD COLLIDED ONTO MY REAR. NO INJURIES WERE INVOLVED. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GX9566R

Vehicle Make/Model/Colour NISSAN

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver KOK SIEW YOONG

NRIC/Passport Number

S1699949J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 liability.
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. 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.

Policyholder's Signature
Date & Time:

21 FEB 2013

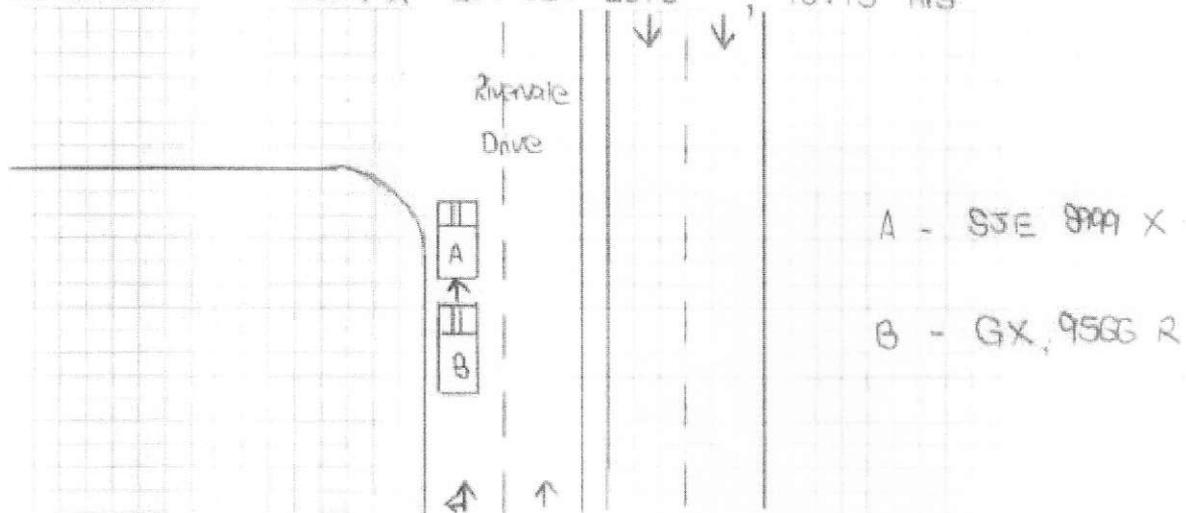
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.: **ANG WEI GUANG
S8410708E**

Sketch Plan #2

SKETCH PLAN

D.O.A 20.02.2018 18:15 Hrs



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY VEHICLE A AND WAS TRAVELLING ALONG RIVERVALE DRIVE TOWARDS RIVERVALE STREET. AS THE FRONT TRAFFIC SLOWED DOWN AND STOPPED, I FOLLOWED AND STOPPED MY VEHICLE TOO. WHILE WAITING, I FELT AN IMPACT COMING FROM MY VEHICLE REAR. I GOTTEN OFF FROM MY VEHICLE AND REALISED VEHICLE B HAD COLLIDED ONTO MY REAR. NO INJURIES WERE INVOLVED. THAT'S ALL.

DECLARATION

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

Policyholder's Signature

Date & Time: 21 FEB 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: ANG WEI GUANG

NRIC/FIN No.: S8410708E