

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	27/02/2018 14:39
Date Of Accident	27/02/2018 07:40
Exact Location Of Accident	ALONG BURGUNDY DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4602U
Insured/Policyholder	
Name Of Registered Owner	SHIH CHIH LUNG
Co Reg No	-
Email Address	SHIHYU.DREW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98162491
Alternative Phone No	OFFICE-96810787
Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN 2.0L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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 28872735 QMY
Cover Note Number	

Driver

Name of Driver	DREW SHIH-YU SHIH
NRIC No	S9148676H
Date Of Birth	31/12/1991
Occupation	INDOOR
Date Of Driving Pass	14/01/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96810787
Fax Number	
Contact Number	OTHERS-98162491
Email Address	SHIHYU.DREW@GMAIL.COM

Address	41 BURGUNDY DRIVE
Postcode	658838
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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:	NOT CAPTURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6428E
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN CHEE KONG
NRIC/Passport Number	S7006388C
Contact Number	96313243
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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

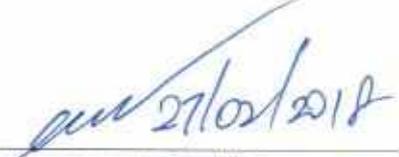
I understand, acknowledge, agree and consent that:

- (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)

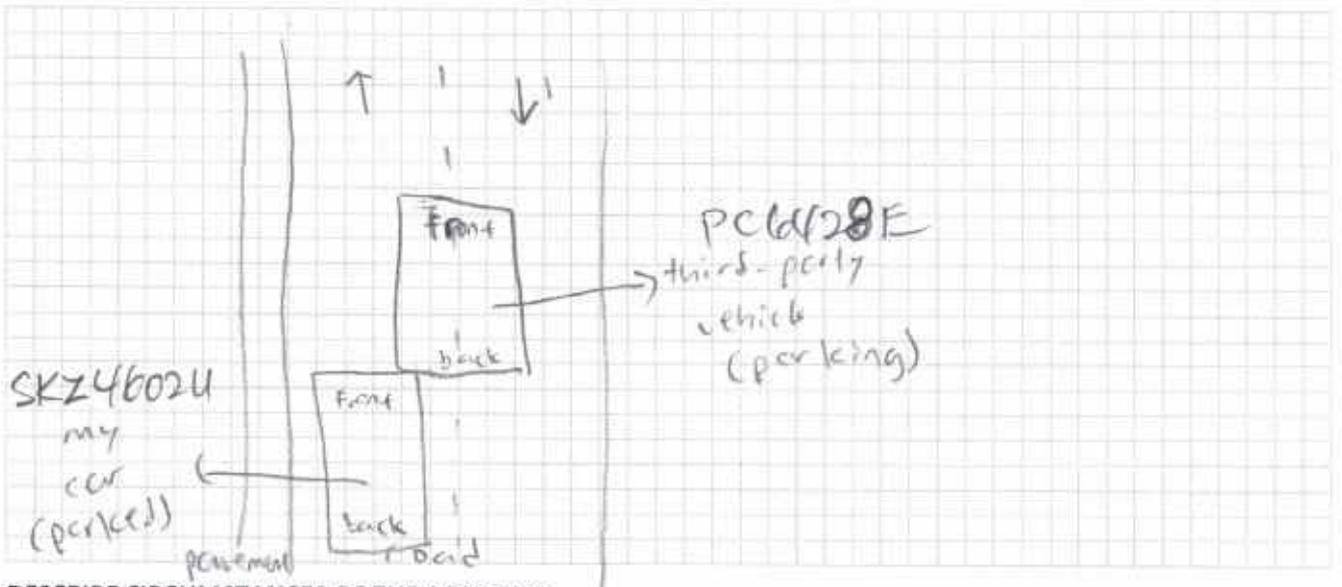
Date & Time: 27/10/2018
1200hrs


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car, SKZ4602U, was parked along Burgundy Drive overnight from 26/02/2018. This morning, when I approached my car to head to work, I saw a note on my windscreen. The note was from another driver that said he had hit my car. He gave his name, organisation and contact details for me to contact him.

When I contacted him, he said his vehicle had hit my car while he was parking to fetch a client.

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: Ross Walters
NRIC/FIN No.:

Hi,

I am (samuel) Chan

from St. Luke,

had hit your car.

~~Pls call me 963 13 243~~

to settle it. Thanks.

gn
27/10/2018
Rosalie Wong

ACCIDENT STATEMENT

ACCIDENT DATE: (27/03/2018) (DD/MM/YYYY), TIME: (07:40) (HH:MM)

LOCATION: Burgundy Drive

- 1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: SKZ 46024
 - b) INSURANCE COMPANY: MSIG
 - c) POLICY NUMBER: A 28872735 AMY
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: Mazda 6
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: Car was parked
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 - IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

- 2. INSURED / POLICY HOLDER
 - a) NAME: Shih Chih-Lung (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: CONTACT: 981 62491
 - c) ADDRESS: 41 Burgundy Drive, Singapore 658838

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER.

No of passenger (including driver) (0)

- DRIVER
 - a) NAME: Drew : Shih-Yu Shih (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S9148676H CONTACT: 9681 0787
 - c) ADDRESS: 41 Burgundy Drive, Singapore 658838

*d) DATE OF BIRTH: (31/12/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) DATE OF DRIVING PASS: 14/01/2013

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 - IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
- b) ROAD SURFACE: (DRY / WET / OTHERS)
- 6. WAS ANYBODY INJURED (YES / NO)
- 7. a) REPORTED TO POLICE (YES / NO)
 - IF YES, PLEASE STATE WHICH POLICE STATION:

No of passenger (including driver) ()

- 8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: PC 6428 E MODEL:
 - b) DRIVER'S NAME: Chan Chee Kong
 - c) NRIC/FIN/PASSPORT: S7026388C CONTACT: 9631 3243

No of passenger (including driver) ()

- 9. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: MODEL:
 - b) DRIVER'S NAME: CONTACT:
 - c) NRIC/FIN/PASSPORT:

email = shihyu.drew@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9148676H



Name
DREW SHIH-YU SHIH

施昱佑

Race
CHINESE

Date of birth
31-12-1991

Sex
M

Country/Place of birth
SINGAPORE



5834114



NRIC No. S9148676H



Date of issue
30-11-2017

Address

41 BURGUNDY DRIVE
SINGAPORE 658838

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

EFFECTIVE DATE

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 14 Jan 2013

NP 428A





MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel: +65 6927 7888 Fax: +65 6927 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

62652518
#A162659662

RENEWAL INVITATION

Insured Name and Address

Shih Chih Lung
41
Burgundy Drive
Singapore 658838

潘公司

PHUA & COMPANY
新加坡(065533) 禧街101號, 同發大廈#10-04號
101 CECIL STREET
#10-04 TONG ENG BUILDING
SINGAPORE 069533
TEL: 62227559, 62203647
FAX: 62227569
RES: 62882908
HP: 80112865

03/11/2017

Policy No. A 28872735 QMY
Client No. / 10069022
Expiry Date ✓ 24/01/2018
Account No. 152870
Place of Issue Singapore

Thank you for insuring with MSIG. We are pleased to invite renewal of your policy which is due for renewal soon.

To enjoy continuity of cover, please return this Renewal Invitation with your instruction and payment early. Please speak to your servicing agent should you have any enquiries on your renewal. If you are paying your road tax by GIRO, online or by AXS, kindly send your renewal instruction to your servicing agent at least 2 weeks before the insurance expiry.

If there is any change to your personal particulars, please provide updates on the last page of this Renewal Invitation.

We look forward to continuing as your preferred general insurance partner.

RENEWAL DETAILS

Policy Class MOTOR MAX PLUS
Period of Insurance 25/01/2018 to 24/01/2019
Premium Payable SGD1,745.20 ✓
(inclusive of 7% GST)

Financial Interest United Overseas Bank Limited
as Hire Purchase Owners

Scope of Cover Comprehensive

Interest Insured

Registration No.	SKZ4602U	Sum Insured	MARKET VALUE
Make/Model	Mazda6 4-Door Sedan 2.0L	Incl. COE/PARF	YES
Engine Number	FE20705972	Off-Peak Car	NO
Chassis Number	JM6GJ1072G0222917	No Claim Discount	40.00% (or F/D)
Year of Mfg	2015	Good Driver's Discount	5.00%
Capacity	1998 C.C.	NCD Protector	NOT COVERED
Seating Capacity	5 (incl. Driver)	Excess	SGD600
Windscreen	UNLIMITED		