SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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	14/03/2018 14:39
Date Of Accident	10/03/2018 15:25
Exact Location Of Accident	AT BUGIS JUNCTION BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL4339D
Insured/Policyholder	
Name Of Registered Owner	LOH TECK YONG (LUO DERONG)
NRIC No	S8008960J
Email Address	GLENNLOH.PHILIPS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85880388
Alternative Phone No	OTHERS-85880388
Vehicle Particulars	
Manufacturer	AUDI
Model	A6-2.0 TFSI MU (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
If No, Please state action to be taken Vehicle Category	THIRD PARTY PRIVATE CAR
Vehicle Category	
Vehicle Category Insurance Company	PRIVATE CAR
Vehicle Category Insurance Company Name of Insurance Company	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD.
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver	MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO 57000168
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO 57000168 LOH TECK YONG (LUO DERONG)
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO 57000168 LOH TECK YONG (LUO DERONG) \$8008960J
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO 57000168 LOH TECK YONG (LUO DERONG) \$8008960J 28/03/1980
Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO 57000168 LOH TECK YONG (LUO DERONG) \$8008960J 28/03/1980 INDOOR
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass	PRIVATE CAR MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO 57000168 LOH TECK YONG (LUO DERONG) \$8008960J 28/03/1980 INDOOR 20/04/2007
Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience	MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO 57000168 LOH TECK YONG (LUO DERONG) S8008960J 28/03/1980 INDOOR 20/04/2007 10 YEARS AND 10 MONTHS
Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender	MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO 57000168 LOH TECK YONG (LUO DERONG) S8008960J 28/03/1980 INDOOR 20/04/2007 10 YEARS AND 10 MONTHS MALE

GLENNLOH.PHILIPS@GMAIL.COM

BLK 312A SUMANG LINK Address

#09-185

Postcode 821312

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

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

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

NO

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP5500M

Vehicle Make/Model/Colour TOYOTA ESTIMA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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:
 - 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No::

Sketch Plan #2

SKETCH PLAN	BUGUL JUNCTION BOSKMENT 2 CARPARK
	KL 4389D () 23P5500 M
DESCRIBE CIRCUMSTANG	CES OF THE ACCIDENT
At 10 MARCH +	scall at about 13 plus mon, when if I finish garring
my as at i	BUT GIPDIE LET OF BUGIS JUNCTION. AT that time there e persong behind we.
At about 15:	of some date, I found that vende no suprocody
	ochling my ear root, the driver at that true
I make my that sciatche	or forward to check for dunger, and found
We declare the foregoing part of the state o	erticulars are true in every respect.
olicyholder's Signature vate & Time: H/3/LP 13coh r	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

10 Sin Ming Drive Singapore 575701 Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 0803180203N057014476

08 Mar 2018

LOH TECK YONG (LUO DERONG) APT BLK 312A SUMANG LINK #09-185 SINGAPORE 821312 եկեցիցկրկցկցկցիթիկ

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SKL4339D WITH VEHICLE REGISTRATION NO. SJX388L

You may be pleased to know that your application of 08 Mar 2018 for replacement of registration number is approved.

The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SJX388L (Previously SKL4339D)

Vehicle Make : AUDI

: A6 2.0 TFSI MU (NAVIGATION) Vehicle Model

: WAUZZZ4G4EN021272 Chassis No.

: CDN359795 / -Engine No./ Motor No.









































