#### 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 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 cons aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
		ACCIDENT STATEMENT
	Date Of Report	15/03/2018 11:07
	Date Of Accident	14/03/2018 19:40
	Exact Location Of Accident	INSIDE NEWTON CIRCUS
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SJZ2235X
	Insured/Policyholder	
	Name Of Registered Owner	HERMAN BIN OSMAN
	NRIC No	S1232581I
	Email Address	HERMAN@ARISTASINGAPORE.COM
	Mobile Phone No	(LOCAL) +65-97916376
	Alternative Phone No	OTHERS-97916376
	Vehicle Particulars	
	Manufacturer	BMW
	Model	523I-2.5 AT ABS D/AB 2WD 4DR GAS/D NAV (A)
	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
	Are you claiming under your own insurance policy for repair to your vehicle?	YES
	If No, Please state action to be taken	
	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	10116054
	Driver	
	Name of Driver	LEDMANI DINI OCMANI

Name of Driver HERMAN BIN OSMAN

NRIC No S1232581I Date Of Birth 02/07/1957 Occupation **INDOOR** 03/08/1979 **Date Of Driving Pass** 

**Driving Experience** 38 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97916376

Fax Number

**Contact Number** OTHERS-97916376

**EMail Address** HERMAN@ARISTASINGAPORE.COM Address BLK 192 BISHAN STREET 13

#12-497

Postcode 570192

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 SIDE SWIPE
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

NO

Number of Passengers (Including Driver) 3

**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

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETC 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 SLK7707Z

Vehicle Make/Model/Colour JAGUAR

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver KOH YEE WEI

NRIC/Passport Number

Contact Number 97480547

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

#### Sketch Plan

#### SKETCH PLAN

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- 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)
  - (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.
- 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: 15-3 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Regerting Centre Personnel's Signature
Name:
NRIC/FIN No.: YOU I WANTED

#### Sketch Plan #2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving on along Newton circus on at about 7.40pm I signalled to the left just twing to Buker timeh brad. I was already or left I done when a car bearing the mind six 7707Z serve to the left. The other padriving behind me and hit my control control portion. The first point of contact	
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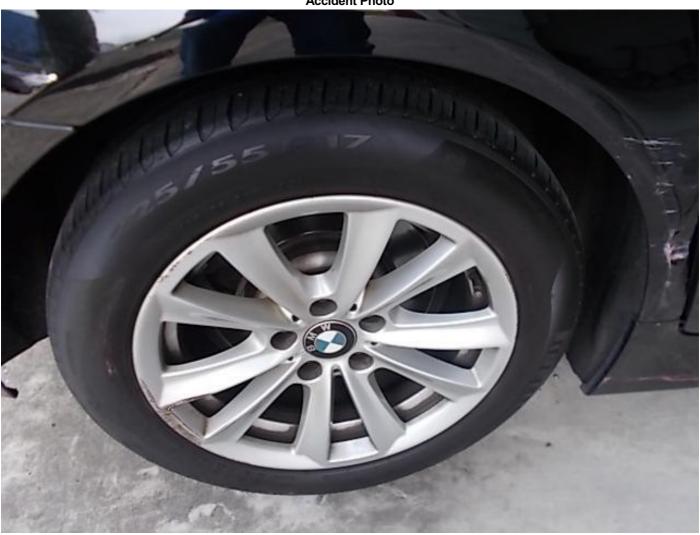
























#### **Addendum Sheet**



Policyholder / Driver's Signature

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffies Quay #18-00 Singapore 048560 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: \_\_\_\_\_Vehicle Registration No: SJZ 2235 Original Report No : MAY (PV 3550) Name(as shown in NRIC): HURMON BIN OSMAN NRIC/FIN/Passport No: 3/23218 (\*Vehicle Driver / Vehicle Owner ) \*) Please delete as appropriate Singapore( Address Contact (Tel) Email Address Time of Accident : \_ Date of Accident Tullok XKWMM CIRAL Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: OWN DAMAGRE CADIMS THILLD

Reporting Centry Personnel's

NRIC/FIN No Date: