

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident 21-03-18 Time (24 HRS) 1727 HRS Location of Accident MSCP OF BIKSOS BISHAN STREET. 11

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number SLE 9797X
Name of Policyholder LEONG WAI MENG, KEVIN
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) SPK 09412 I
Address BIK 124 BUKIT BATOK CENTRAL
Address #03-369 S) 65012X
Contact Number Tel: Hp: -
Email Address

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model VOLKSWAGEN JETTA
Type of Vehicle Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks: 3rd party
Vehicle category ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company MSIG
Type of Policy ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy ☐ Yes ☒ No
Policy Number A 28826103 AVW

DRIVER

Name of Driver LIM YAN XIN
NRIC/ FIN/ Passport S8400400F
Date of Birth 13-01-1984
Occupation property Agent
Driving Pass Date 12.12.2003
Gender ☐ Male ☐ Female
Contact Number Tel: Hp: 90093152
Address B1 460 CLEMENTI AVENUE 3
Address #16-604 S) 120460
Email Address
Was driver an employee of the Insured's Company? ☐ Yes ☐ No
If No, relationship of Driver with the Insured.

No. of Passenger in vehicle (including Driver)

For 2 passengers and above, please state: (including Driver)
Name: Gender:
Name: Gender:
Name: Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)
Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions ☒ Clear ☐ Raining ☐ Others:
Road Surface ☐ Wet ☒ Dry ☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car) ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any video captured? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No.
Was notice of Intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLB 2260A

Make/ Model/ Others

MAZDA

Vehicle category



Private



Commercial



Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category



Private



Commercial



Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

DETAILS OF WITNESS

Name

Phone / Email Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?



Yes



No

Was Injured conveyed to hospital by ambulance?



Yes



No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?



Yes



No

Was Injured conveyed to Hospital by Ambulance?



Yes



No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

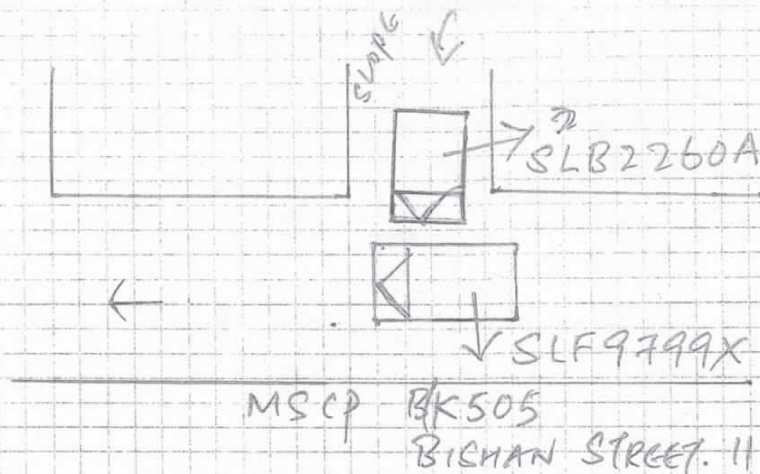

Signature of Policy Holder
(Company Chop if applicable)

Date & Time


Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was leaving the mscp of BK505 BISHAN ST. 11 on 21/2/18 evening.

A ~~MAZDA~~ MAZDA SLB2260A entering from a slope did not notice me and hits onto the right side of my car SLF9799X

The accident had caused damaged on the right Doors and fender.

Nobody was injured.

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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:



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

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