#### 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 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	29/03/2018 12:47
Date Of Accident	28/03/2018 15:45
Exact Location Of Accident	NO.5 ANG MO KIO AVENUE 10 CARPARRK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM3052T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD LUGMAN BIN ABD RAHMAN
NRIC No	S8932163H
Email Address	HIDAHELFY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90237810
Alternative Phone No	OTHERS-91990903
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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	REPORTING ONLY
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 80452316 QMX
Cover Note Number	
Driver	

NURHIDAYAH BINTE ABD RAHMAN Name of Driver

NRIC No S8332060E Date Of Birth 02/10/1983 Occupation **INDOOR Date Of Driving Pass** 15/09/2006

**Driving Experience** 11 YEARS AND 6 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-90237810

Fax Number

**Contact Number** OTHERS-91990903

**EMail Address** HIDAHELFY@GMAIL.COM Address BLK 121 TECH WHYE LANE

#08-828 680121

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

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#### **General Information of the Accident**

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

Weather Conditions RAINING
Road Surface WET

#### Other Information

Postcode

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

3

Number of Passengers (Including Driver)

Passenger 1

NAME: : SON

GENDER: : MALE

Passenger 2

NAME: : SON

: MALE

GENDER:

### **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? NO
Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBE2763T

Vehicle Make/Model/Colour TOYOTA LORRY

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver MR.LIM

NRIC/Passport Number

Contact Number 96507197

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- 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.

Policybolder's Signature Date & Time:

(If driver is not the policyholder)

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### Sketch Plan #2

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Date & Time:	_	(If driver is not Date & Time:		older)	Name: NRIC/FIN N	KOS11 11	HOTONS























