

VEHICLE NO: SDR 9888D

MAKE & MODEL: Nissan Qashqai

DATE OF ACCIDENT

06/04/2018

TIME OF ACCIDENT

1345 AM/PM

LOCATION OF ACCIDENT Carpark of Choa Chu Kang Columbarium's Chinese cemetery

Exact Purpose use during accident

NAME OF OWNER Nancy Ng Ai Sdn

TELP NO 97719909

NRIC S71332201

CLAIM TYPE

OD / THIRD PARTY / Reporting Only

INSURANCE CO. MSIG

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO. A 28979451 AMY

NAME OF DRIVER

As above / If No:

NRIC S71332201

Any passengers: 4 pax

DATE OF BIRTH

21/09/1971

Arthur (M)

OCCUPATION

Outdoor / Indoor

Sunny (M)

DATE OF DRIVING PASS

16 Nov 1996

Jen Lan (MS)

GENDER

Male / Female

Lek (MS)

CONTAC NO. 97719909

Office:

Home:

ADDRESS Blk 8 Ghim Moh Road #16-273. S1270082

DRIVER HAVE ANY OWN Vehicle NO / If yes: Reg No.

RELATIONSHIP

Employee / If No:

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who?

CONTAC NO.

POLICE REPORT

No / If yes: Where?

VEHICLE B NO. GT 259H. 1orry

Any Passenger: 2 pax

NAME Goh Swee Hwa (S0151860G)

CONTAC NO. 96269956

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /
offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP hnameng@me.com.sg

TELP NO

CONTACT PERSON

FAX NO.

SKETCH PLAN

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:

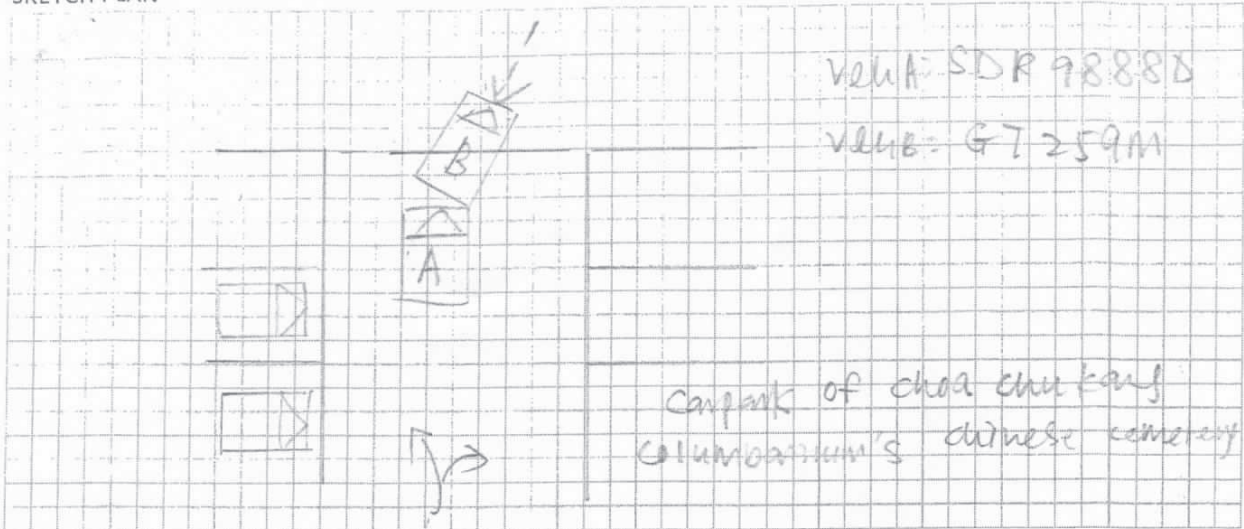
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

inside

I was Stationary behind vehicle B at Carpark
of Choa Chu Kang Columbarium's Chinese Cemetery
on 06-04-2018 @ 1335hrs. Suddenly, vehicle B
start
reversing his vehicle and I honked to
alert him and the driver still reversing and
front
collided onto right portion of my vehicle.

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:
NRIC/FIN No.: