

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 withholding 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	16/04/2018 18:58
Date Of Accident	14/04/2018 19:30
Exact Location Of Accident	GEYLANG ROAD (LORONG 16 GEYLANG EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9833H
Insured/Policyholder	
Name Of Registered Owner	CHONG WEI PHENG
NRIC No	S1613312D
Email Address	OICHEWS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96644065
Alternative Phone No	OTHERS-91800955

Vehicle Particulars

Manufacturer	BMW
Model	523I
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?	NO
If No, Please state action to be taken	THIRD PARTY
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 80456136 QMX
Cover Note Number	

Driver

Name of Driver	TAN TER JIN
NRIC No	S9830681A
Date Of Birth	15/09/1998
Occupation	INDOOR
Date Of Driving Pass	19/05/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96644065
Fax Number	
Contact Number	OTHERS-91800955
Email Address	OICHEWS@GMAIL.COM

Address	BLK 33 BUKIT BATOK AVENUE 6 #05-05
Postcode	659764
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (COLLISION TYPE IS HEAD TO SIDE)

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 Witness 1

Name	LOH KAI JUN LIONELL
Phone Number	96474964
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6609E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO ENG RU
NRIC/Passport Number	S0181073A
Contact Number	90669225

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.

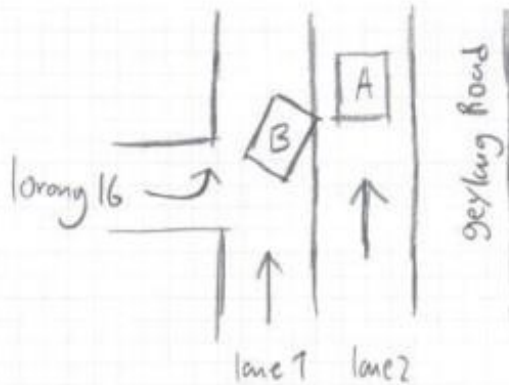
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



B = SHAGG09E

A = SKC9833H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

B (SHAGG09E) was coming out from orang 16, He then cut from lane 1 to lane 2 abruptly and knock into my left rear door which caused scratches and dents.

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.:

Annex E

NOTICE OF REPORTING

This is to confirm that Mr. Tan Ter Jin NRIC/FIN S9830681A residing at Blk 33 Bukit Batok East Avenue 6 #05-05 S(659764), has reported to the Police a non-injury traffic accident which occurred at on 14/04/2018 at 1930hrs involving the following vehicles: SKC9833H (Driver) and SHA6609E.
Location along Geylang Road (Lorong 16 Geylang).

2 If this accident was reported to the Police within 24 hours of its occurrence, then **he**/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T91037 Mohamed Kamal Bin Aziz

Date: 14/04/2018

Time: 2016hrs

S/D Ref: 82

Police Post/Unit: Geylang NPC


Geylang NPC
No. 132 Paya Lebar Road
Singapore 409014
Tel: 1800-8486999

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Sketch Plan #4

14 April 2018

Chong Wei Pheng

33 Bukit Batok East Ave 6

#05-05, Park Natura

Singapore 659764

MSIG Insurance (Singapore) Pte Ltd

4 Shenton Way #21-01

SGX Centre 2

S(068807)

Subject: Letter of Authorization

I, Chong Wei Pheng (IC S1613312D) authorize my son, Tan Ter Jin (IC S9830681A) to handle the insurance matter with regards to the accident of my vehicle SKC 9833H occurred on the 14 April 2018.

I will be travelling overseas from 15th Apr 18 to 23th Apr 18

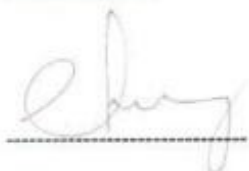
My Contact No : 96644065

Tan Ter Jin Contact No : 91800955

See attached support document

- MSIG Certificate of Insurance – Certificate No. A 80456136 QMX
- IDAC Incident Report
- Police Report

Yours faithfully



Chong Wei Pheng

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66550020G / 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:

Original Report No : _____ Vehicle Registration No: SKC 983314
Name (as shown in NRIC) : Tan Ter Jin NRIC/FIN/Passport No : S9830684
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 33 Bukit Batok east ave 6 #05-05 Singapore 659764
Contact (Tel) : _____ Mobile No. : 91800955
Email Address : Oichews@gmail.com
Date of Accident : 14/04/2018 Time of Accident : 1930
Place of Accident : geylang Road (lanong 16 exit)
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I have a witness (Loh Kai Jun Lionell) +65 96474964
(S9710242B) who was driving behind me
who witness the accident

B. Han

Policyholder / Driver's Signature
Date:

18/04/2018

Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.: _____
Date: