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 <u>truthful and accurate</u> 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	17/04/2018 14:36
Date Of Accident	13/04/2018 13:55
Exact Location Of Accident	ALONG BALMORAL ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS7638X
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	WILLMAK8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90175454
Alternative Phone No	OFFICE-90175454
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29040710 TMC
Cover Note Number	
Driver	
Name of Driver	MAK YIU KONG
NRIC No	S1426782D

Name of Driver MAK YIU KONO
NRIC No S1426782D
Date Of Birth 28/09/1960
Occupation OUTDOOR
Date Of Driving Pass 14/02/1984

Driving Experience 34 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90175454

Fax Number

Contact Number OTHERS-90175454

EMail Address WILLMAK8@GMAIL.COM

15 ELIAS GREEN Address

#04-05

Postcode 519966

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 4

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 CB6845T

Vehicle Make/Model/Colour NISSAN URVAN

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

CHUA KOON HUAT Name of Driver

S0161388Z NRIC/Passport Number **Contact Number** 96974468

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:
 - 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

3th April 2018

(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 Persongel's Signature

Name: NRIC/FIN No

Accident Sketch Plan

	0 0 1 100 1 /0.10
	8 Balmoral Rd. Condo
Balmoral Roa	nd ZBIAI.
A) SJS 7638X B) CB 6845 T	Belmond Green Cond
BE CIRCUMSTANCES OF THE	ACCIDENT
1 was travelli	ng along Balmoral Rd towards, Sundbenly the vehicle infront of out make a right turn into the Condo cen, that cause me to make a E' brake hitting, the back of the front Vehicle - CB68
Steven road	T make a Night two into the Courts
Belmond ave	en that cause me to make a E' brake
which result	hitting the back of the front behicle - CB 68
RATION	1
RATION eclare the foregoing particulars a	11111 12th They'l 2018 11/08/2018





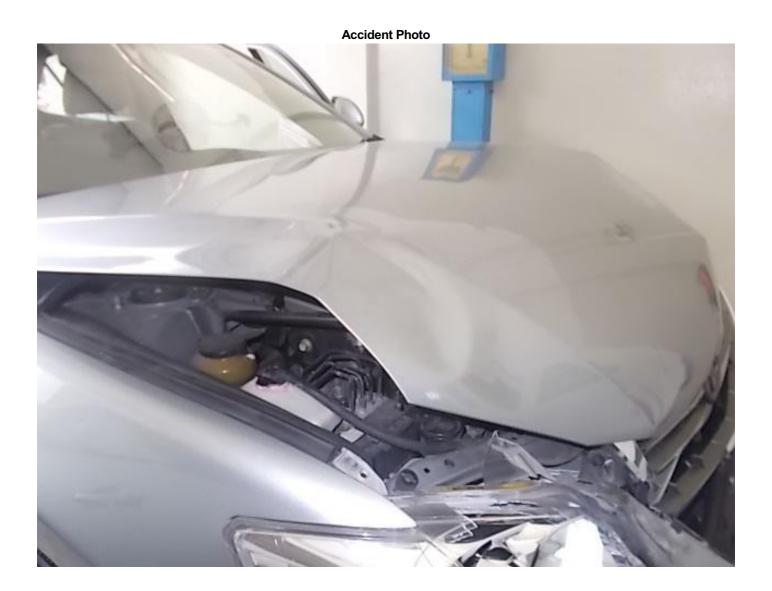


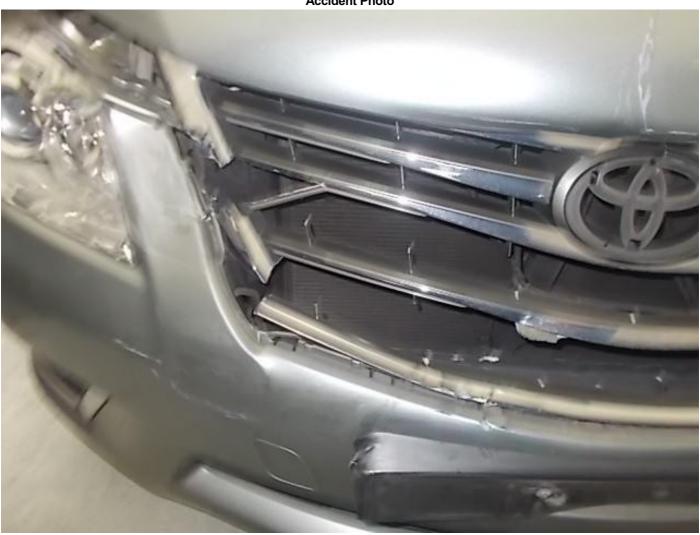


























Addendum Sheet



Policyholder / Driver's Signature

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048550 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 <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: __Vehicle Registration No: SJS 7638 X Original Report No : Name (as shown in NRIC) : MBK YLV NRIC/FIN/Passport No : (*Vehicle Driver) Vehicle Owner) (*) Please delete as appropriate Singapore(Address Mobile No.: Contact (Tel) Email Address 13:55 Time of Accident : Date of Accident ALUNG BALMORAL ROAD Place of Accident mela 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: LABOR CAR NUMBER ON SKATCH (A) SJS 7638X (B) CB6845

NRIC/FIN No Date: