

(Draft)

MVGS18055017 / Volkswagen Centre Singapore - HQ
ENTRY DATE & TIME: 26/04/2018 15:23
SUBMITTED BY: [To Be Confirmed]

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	26/04/2018 15:23
Date Of Accident	25/04/2018 18:30
Exact Location Of Accident	PIE ALJUNIED FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EV6565Y
Insured/Policyholder	
Name Of Registered Owner	HOO SEE SIANG
NRIC No	S1556425C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90476200
Alternative Phone No	Office-90476200

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 6 1.4 TSI (DSG)+PJ6,8T2

Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29018400 QMX
Cover Note Number	

Driver

Name of Driver	LEE SEE YANG
NRIC No	S8033851A
Date Of Birth	30/10/1980
Occupation	INDOOR

Date Of Driving Pass	21/04/2001
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508531
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 107 JALAN RAJAH #04-109
Postcode	320107
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SKJ8419R
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

TAY PECK SENG

S0195189J

Sketch Plan

SKETCH PLAN**IMPORTANT NOTICE**

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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:

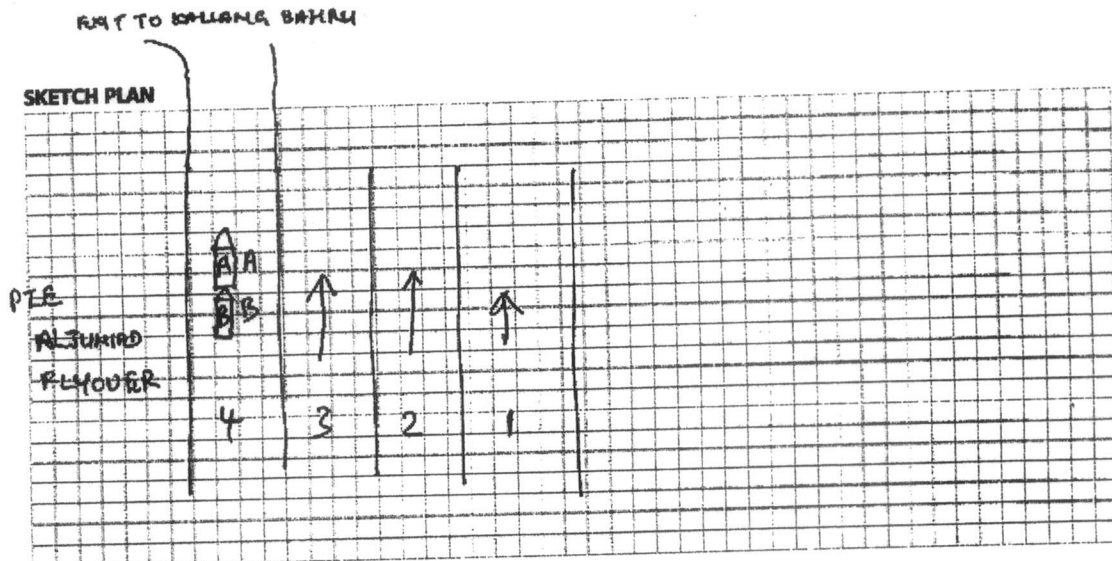


Name:
NRIC/FIN No.:

Records Centre Personnel's Signature

26/4/18

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A - EV65654 VEHICLE B - B3KJ 8419R

~~ON 25/4/18~~

I WAS TRAVELLING AT PLE TOWARDS KUALANG BAHRU ON 25/4/18.
 AS TRAFFIC WAS CONGESTED, I STOP MY CAR AS THE FRONT CAR STOP.
 AFTER MY VEHICLE A STOP, VEHICLE B BANG INTO VEHICLE A

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.:



26/4/18