SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Nease report <u>correctly</u> 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
- 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.

- 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

. By the lodgement of this report to the insurers, you hereby conse foresaid.				
	ACCIDENT STATEMENT			
Date Of Report	14/05/2018 14:56			
Date Of Accident	/05/2018 14:05			
Exact Location Of Accident	TRAFFIC JUNCTION BETWEEN LORONG 1 & 4 TOA PAYOH			
Country/State of Loss	SINGAPORE			
DESCRIPTION OF THE PROPERTY OF	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKS3071U			
Insured/Policyholder				
Name Of Registered Owner	VICTORY FAMILY CENTRE LTD			
Co Reg No	NA			
Email Address	GINA_TATHENG@YAHOO.COM.SG			
Mobile Phone No	(LOCAL) +65-98580181			
Alternative Phone No	OFFICE-63539717			
Vehicle Particulars				
Manufacturer	HYUNDAI			
Model	ACCENT			
Exact Purpose for which vehicle was being used a time of accident				
Are you claiming under your own insurance policy for repair to your vehicle?				
If No, Please state action to be taken	THIRD PARTY			
Vehicle Category	PRIVATE CAR			
Insurance Company	A TOWN A PORT I TO			
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	P 27045079 MCX			
Cover Note Number				
Driver	AND STOKE OF KANCELINE			
Name of Driver	NG SIOK GEK ANGELINE			

Name of Driver S1409067C NRIC No 16/04/1960 Date Of Birth INDOOR Occupation 27/11/1978 **Date Of Driving Pass**

39 YEARS AND 5 MONTHS **Driving Experience FEMALE**

Gender (LOCAL) +65-98580181 Mobile Number

Fax Number OFFICE-63539717 Contact Number

GINA_TATHENG@YAHOO.COM.SG EMail Address

Address

APT BLK 110 LORONG 1 TOA PAYOH #05-332

SINGAPORE

Postcode

310110

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 - CROSS JUNCTION

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

NO

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)

Passenger 1

NAME:

: NEO GUAT CHOO

GENDER:

: FEMALE

Passenger 2

NAME:

: CHOY KWAI LING

GENDER:

: FEMALE

Passenger 3

NAME:

: SITI

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Name

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING,

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact

Police Station Address

TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

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

SHD3100J

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)

TAXI

LOH CHEE KIONG

98342029

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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
- 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
- 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:

- 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)
 - (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
- (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
- 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.
- 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.
- 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.

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Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

ersonnel's Signature Reporting Centre P

Name:

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

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Common Statement Pg. 1

Annex D

NOTICE OF REPORTING

This is to confirm that NG SIOK GEK ANGELINE, NRIC S1409067C, has reported to the Police a non-injury traffic accident which occurred at the traffic junction of Lor 6 Toa Payoh and Lor 4 Toa Payoh on 13/05/2018 at 14.04 pm involving the following vehicles:

SKS3071U (Complainant) SHD3100J (Defendant)

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 Nicholas Lee

Date: 13/05/2018 Time: 1445hrs

S/D Ref: 11

Police Post/Unit: Boon Teck NPP

Original - to be issued to informant Duplicate - to be submitted to Traffic Police SOT HIGHWAS THE

NECO LEAM ID,