

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	14/05/2018 16:16
Date Of Accident	13/05/2018 12:30
Exact Location Of Accident	LENTOR AVE TOWARDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5084J
Insured/Policyholder	
Name Of Registered Owner	KOK YAU CHUNG
NRIC No	S8167382I
Email Address	KOKYAUCHUNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97905189
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)

Exact Purpose for which vehicle was being used at time of accident

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 29045056 QMX
Cover Note Number	

Driver

Name of Driver	KOK YAU CHUNG
NRIC No	S8167382I
Date Of Birth	17/03/1981
Occupation	INDOOR
Date Of Driving Pass	16/11/2001
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97905189
Fax Number	
Contact Number	OFFICE-88888888
Email Address	KOKYAUCHUNG@GMAIL.COM

Address	BLK 631 ANG MO KIO AVE 4 #06-914
Postcode	560631
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

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)	4
Passenger 1	NAME: : SER HUEY WEN GENDER: : FEMALE
Passenger 2	NAME: : KOK YUN LONG GENDER: : MALE
Passenger 3	NAME: : KOK YI YUN GENDER: : FEMALE

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

ON 13/05/2018 AT ABOUT 1230 HRS AT ALONG LENTOR AVE TOWARDS YISHUN AVE 2 BEFORE YISHUN AVE 1. I WAS DRIVING ALONG THE CENTRE LANE ALONG LENTOR AVE AND CAME TO A STOP BEHIND VEHICLE (D) DUE TO HEAVY TRAFFIC. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND THE IMPACT WAS SO GREAT THAT IT PUSHED MY VEHICLE (A) FORWARD TO HIT ONTO THE REAR PORTION OF VEHICLE (D). WHEN I ALIGHTED, THEN I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. TOTAL FOUR VEHICLES INVOLVED IN THIS ACCIDENT. (A) SKU5084J (B) GBC8924S (C) GBF7218M (D) SLL5834Y

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	GBC8924S
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF7218M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLL5834Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

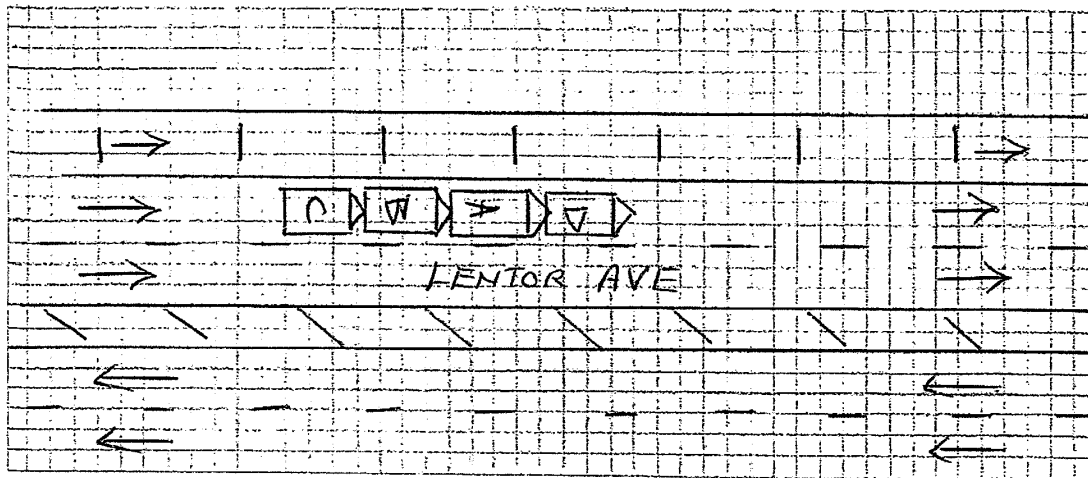
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

ON 13/5/2018 AT ABOUT 1230 HRS AT ALONG LENTOR AVE
TOWARDS YISHUN AVENUE 2 BEFORE YISHUN AVE 1. I WAS
DRIVING ALONG THE CENTRE LANE ALONG LENTOR AVE AND
CAME TO A STOP BEHIND VEHICLE (D) DUE TO HEAVY TRAFFIC.
SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND THE
IMPACT WAS SO GREAT THAT IT PUSHED MY VEHICLE (A)
FORWARD TO HIT ONTO THE REAR PORTION OF VEHICLE (D).
WHEN I ALIGHTED, THEN I REALISED THAT IT WAS VEHICLE (B)
WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING
DAMAGES TO MY VEHICLE. TOTAL FOUR VEHICLES INVOLVED
IN THIS ACCIDENT.

(A) SKU 5084 J
(B) GBC 8924 S
(C) GBF 7218 M
(D) SLL 5834 Y

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo







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: S66S0020G / 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 : MSR118062661-01 Vehicle Registration No: SKU5084J
Name (as shown in NRIC) : Kok Yau Chung NRIC/FIN/Passport No : S81673821
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 13/5/18 Time of Accident : 12:30
Place of Accident : Lenbr Ave towards Yishun Ave 1
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:

- Owner and driver name should be 'Kok Yau Chung'.
- Vehicle should be SKU5084J.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Suan
NRIC/FIN No.: S81673821
Date: