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 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.
- 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.

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	ACCIDENT STATEMENT				
Date Of Report	19/05/2018 12:23				
Date Of Accident	18/05/2018 12:05				
Exact Location Of Accident	BLOCK 883 WOODLANDS NORTH PLAZA LOADING BAY				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBF8866K				
Insured/Policyholder					

Insured/Policyholder	
Name Of Registered Owner	TEN DOLLARS SALON HUB
Co Poo No	E20E0870B

Co Reg No 53050870B
Email Address NOEMAIL

Mobile Phone No OFFICE-96820051

Vehicle Particulars

Manufacturer NISSAN

Model NV200-1.5 D ABS AIRBAG 2WD 6DR (M)

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

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken

THIRD PA

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number A29056024MKC

Cover Note Number

Driver

 Name of Driver
 TAN SONG HUI

 NRIC No
 \$0906462A

 Date Of Birth
 \$15/10/1940

 Occupation
 OUTDOOR

 Date Of Driving Pass
 \$17/01/1961

Driving Experience 57 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98765432

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLOCK 161B PUNGGOL CENTRAL

#15-95

Postcode 822161

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

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)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

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 18.05.2018 at about 1205hrs, I was parked my vehicle (A: GBF8866K) along Block 883 Woodlands North Plaza Loading Bay. When I reversing my vehicle out from carpark lot, a vehicle (B: SGT1313C) move out from stationary to pick up a lady at my left. Therefore I immediately applied brake to avoid collision. However, vehicle B could not stop in time therefore front portion of vehicle B had hit onto rear portion of my vehicle. Vehicle A (GBF8866K): 2 female passenger on board. Vehicle B (SGT1313C): No passenger on board.

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

SGT1313C

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 Pg. 1

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 interested parties.
- 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.
- 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.

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

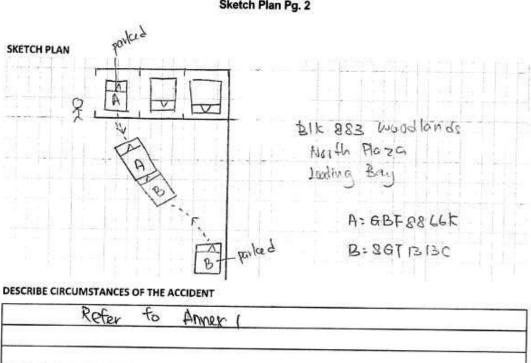
19.5.2018 10:40.AM

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

62819606%

Sketch Plan Pg. 2



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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:

nnel's Signature Reporting Centre 9 Name: NRIC/FIN No .:

Sketch Plan Pg. 3

Donex 1.

On 18.05.2018 at about 1205hrs, I was parked my vehicle (A: GBF8866K) along Block 883 Woodlands North Plaza Loading Bay. When I reversing my vehicle out from carpark lot, a vehicle (B: SGT1313C) move out from stationary to pick up a lady at my left. Therefore I immediately applied brake to avoid collision. However, vehicle B could not stop in time therefore front portion of vehicle B had hit onto rear portion of my vehicle.

A/12 19.5.2018

Vehicle A (GBF8866K): 2 female passenger on board.

Vehicle B (SGT1313C): No passenger on board.

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