

## 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	24/05/2018 10:44
Date Of Accident	23/05/2018 16:25
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX5618B
Name Of Registered Owner	VECTOR ONE PEST MANAGEMENT
Co Reg No	
Email Address	ENQUIRIES@VECTORONE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67468852

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKPURPOSE
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	COMMERCIAL VEHICLE

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	7VCT1725360

Name of Driver	MUHAMMAD FARHAN BIN ABDULLAH
NRIC No	S8731415D
Date Of Birth	12/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2012
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87529918
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 871B TAMPINES ST 88 #02-30  
Postcode 522871  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

Type Of Accident SIDE SWIPE  
Weather Conditions CLEAR  
Road Surface DRY

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? NO  
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

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?

PLEASE SEE ATTACHED.

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

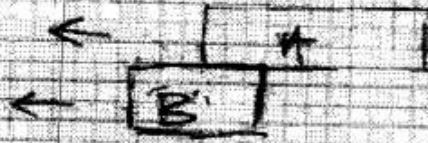
DETAILS OF OTHER VEHICLE PROPERTY :

Vehicle Registration Number SHC8444P  
Vehicle Make/Model/Colour NA  
Details Of Properties NA  
Vehicle Category TAXI  
Name of Driver TAY CHUNG BOON  
NRIC/Passport Number S7111760Z  
Contact Number 97337730  
Address NA  
Postcode NA  
Insurance Company Name  
Nature Of Damage NA  
No. Of Passenger (Including Driver)

# Individual Statement

## SKETCH PLAN

A - Van GXS 5183  
B - Taxi SMC 8141 P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was driving @ 40km/h on Centre lane.  
Saw a taxi suddenly change to my lane. I pressed the horn  
not enough time to avoid the accident even though I pressed  
my brake because it was too sudden.  
Right after the accident, I notice my steering vibrating  
vigorously while travelling and my entire steering  
steering wheel shifted out. Also alignment of my van wasn't  
straight.

Insurance Co.	
With the	Time of accident
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> One Damage Claim	
<input checked="" type="checkbox"/> Two Damage Claims	

② Hiap Hong Motor Repair

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time

(Signature must be in ink)

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

10:45am  
24/05/18

Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN no.:



## Accident Sketch Plan

### SKETCH PLAN

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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 interested parties.
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:

10/05/18  
24/05/18  
Driver's Signature  
(Driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NEC/FIN No.: