

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	28/05/2018 14:05
Date Of Accident	26/05/2018 14:30
Exact Location Of Accident	JUNCTION OF SIMS AVENUE TOWARDS GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY3877P
Insured/Policyholder	
Name Of Registered Owner	IDA LIM
NRIC No	S6846372F
Email Address	IDALIM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81008523
Alternative Phone No	OFFICE-81008523

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	S 28811902
Cover Note Number	

Driver

Name of Driver	HASNAN BIN AHMAD
NRIC No	S1805298I
Date Of Birth	19/10/1966
Occupation	INDOOR
Date Of Driving Pass	21/06/1990
Driving Experience	27 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98257221
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 105D EDGEFIELD PLAINS #17-55
Postcode	824105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	RAINING
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?	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)	2
Passenger 1	NAME: : IDA LIM 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

REFER ATTACHED STATEMENT

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	GBC931C
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAY ZHI YING
NRIC/Passport Number	S8437825I
Contact Number	96896045
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No SFY 3877P

SKETCH PLAN

Annex B

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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.

Policyholder's Signature / Date &
Time 26/8/18 @ 16:51

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date
& Time 26/8/18 @ 16:51

Witnessed by Reporting Centre
Personnel

Refer attached Diagram

Please continue to Annex B

Vehicle No SFY3877P

Annex E

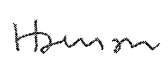
Describe Circumstances of the Accident

Refer to attached diagram and statement.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 26/5/18 12:21


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


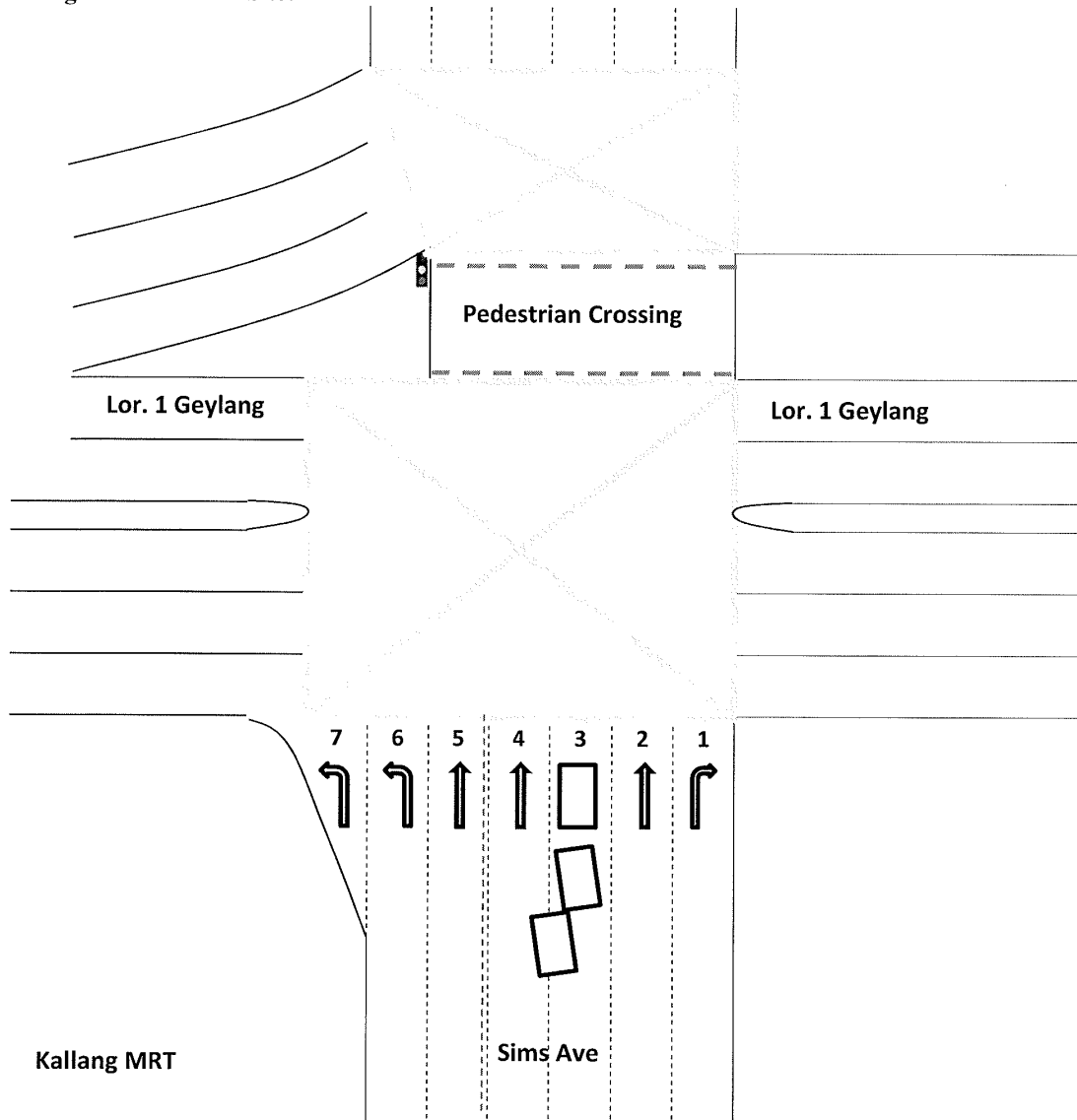

Witnessed by Reporting Centre
Personnel

Diagram of Incident Site:



Details of Incident:

I was driving along Sims Avenue, heading towards KPE. As it was raining, I decided to keep to the left lane early in preparation for filtering into Sims Way towards KPE entrance. I started filtering at Sims Avenue, near the vicinity of the Kallang MRT Station Bus Stop. From Lane 2, I filtered into lane 3. As I was filtering, the car in front of me came to a halt. As it was raining, I braked intermittently in and came to a halt behind the vehicle in front of me. My vehicle was in the lane but was slightly at an angle. A few seconds after my vehicle came to a complete halt, I suddenly felt a bump on the back of the car and a van GBG 931C had collided into the left back part of my car.

Accident Photo



Accident Photo



Accident Photo



Accident Photo

