

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	03/07/2018 17:05
Date Of Accident	22/06/2018 12:15
Exact Location Of Accident	LORONG ONG LYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1031R
Insured/Policyholder	
Name Of Registered Owner	LAM FEI YEN
NRIC No	S7121020J
Email Address	LFYPHY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94758070
Alternative Phone No	OTHERS-82251381

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT (RB)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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 28953986 QMY
Cover Note Number	

Driver

Name of Driver	LAM SAY KONG
NRIC No	S0735354E
Date Of Birth	01/01/1935
Occupation	INDOOR
Date Of Driving Pass	30/10/1966
Driving Experience	51 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82251381
Fax Number	
Contact Number	OTHERS-94758070
Email Address	LFYPHY@GMAIL.COM

Address	BLK 1A PINE GROVE #16-04
Postcode	590001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	0

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

PLEASE REFER TO SKETCH PLAN

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	
Vehicle Make/Model/Colour	
Details Of Properties	MAIL BOX PILLAR
Vehicle Category	NA/UNKNOWN
Name of Driver	MR LEE
NRIC/Passport Number	
Contact Number	98220777
Address	NO 7 LORONG ONG LYE
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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.
- (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:

02/ Jul / 2018
10:52am

CLARENCE MATHIAS/CLARENCE 1/1



Driver's Signature

(If driver is not the policyholder)

Date & Time:



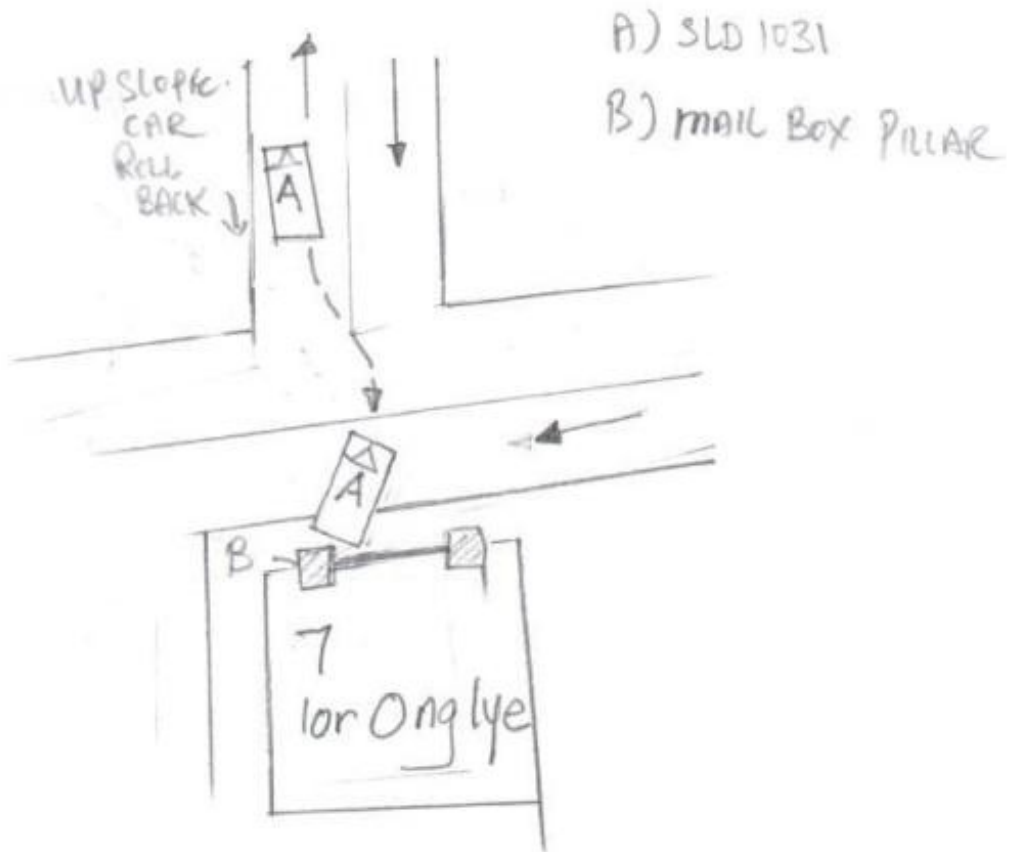
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

03/07/2018
Karl Watson

Accident Sketch Plan



Dmle

[Signature]

03/07/2018
Roshan

Accident Sketch Plan

SKETCH PLAN

AS PER ATTACH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The car was parked at the road side of postal code 536363 for home visiting at 12:00 noon. The weather was slight drizzling and road was wet. The car was parked at the high slope. The driver notice the car was missing 15mins later and went to check. Driver realized vehicle roll back down slope and stationary at the front gate of house unit 7. The car had a dent at the back, and hit on to the mail box pillar of unit 7. Slight scratch on the gate.

We had repaired the car and the mail box pillar. Initially agreed with private settlement. However, property owner claim that the door gate was beyond repair & required to change. We disagree to the claim as it was only slight scratch. See attachment.

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



A close-up photograph of the rear of a silver Toyota Camry. The car's rear light assembly is prominent on the right side. The license plate is black with white text, reading "SLD1031R". The Toyota emblem is visible on the left side of the trunk. The car is parked on a paved surface.

Accident Photo



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