

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	12/07/2018 14:00
Date Of Accident	11/07/2018 11:30
Exact Location Of Accident	229 MOUNTBATTEN ROAD TWDS FORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW212S
Insured/Policyholder	
Name Of Registered Owner	TNG HUI KHIM, SUSAN (TANG HUIQIN)
NRIC No	S7802782G
Email Address	HK_TNG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82233386
Alternative Phone No	OTHERS-82233386

Vehicle Particulars

Manufacturer	AUDI
Model	A5 CABRIOLET 2.0 TFSI QUATTRO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	A 80452548 QMX
Cover Note Number	

Driver

Name of Driver	TNG HUISHAN, GINA
NRIC No	S8502452C
Date Of Birth	19/01/1985
Occupation	INDOOR
Date Of Driving Pass	01/07/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97350011
Fax Number	
Contact Number	OTHERS-97350011
Email Address	HK_TNG@YAHOO.COM.SG

Address	BLK 628 JURONG WEST ST 65 #05-392
Postcode	640628
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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

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

PLS REFER TO THE 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	FJ9000S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

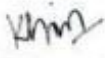
SKETCH PLAN

IMPORTANT NOTICE

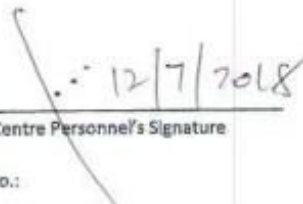
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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 #2

SKETCH PLAN

Sketch plan area with grid lines. Handwritten text: "pls Refer to the Attached".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident area with horizontal lines. Handwritten text: "Refer to Sketch. Attached".

DECLARATION

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

Policyholder's Signature
Date & Time:

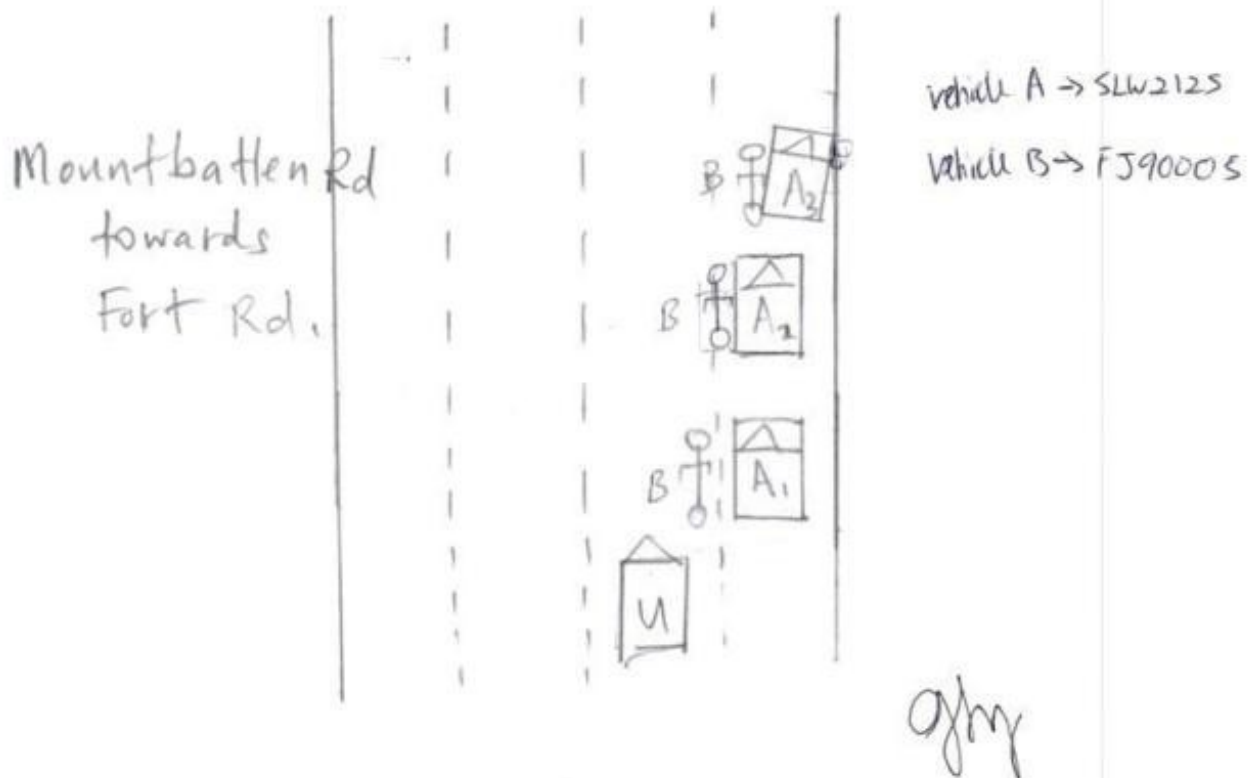
GIARMC SketchPlanForm_V3

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

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

Sketch Plan #3

I was travelling along mountbatten road towards fort road on the first lane. When I was driving straight in my lane I heard the vehicle behind sounded its horn. After a few seconds later vehicle B from my left collided onto my vehicle left portion. I wish to state that in order to avoid I immediately swerve my car to the car and resulted in my right portion damaged as well.



10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

04 Jan 2018

Our ref 0401180203N057012268

TNG HUI KHIM SUSAN (TANG HUIQIN)
APT BLK 214 LORONG 8 TOA PAYOH
#12-741
SINGAPORE 310214

Dear Sir/Madam

**NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO.
SLV2726T WITH VEHICLE REGISTRATION NO. SLW212S**

You may be pleased to know that your application of 04 Jan 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SLW212S (Previously SLV2726T)
Vehicle Make : AUDI
Vehicle Model : A5 CABRIOLET 2.0 TFSI QUATTRO
Chassis No. : WAUZZZ8F2AN026028
Engine No./ Motor No. : CDN126482 /-

3. Please change the number plates on your existing vehicle (ie. Chassis No. : WAUZZZ8F2AN026028, Engine No./ Motor No. : CDN126482 / -) to display the new/ replacement registration number, SLW212S by 07 Jan 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20180104122448644341 or the vehicle registration number when making your enquiry.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6724 0010 Fax (65) 6724 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66350020G / GST Reg. No.: M400017735

ADDENDUM

Original Report No : MHA18080904 Vehicle Registration No : JHW2125

Name(as shown in NRIC) : Ing Huishan, G'ing NRIC/FIN/Passport No : 58562452C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Blk 628 Jurong West Street 65 405-392 Singapore 640628

Contact (Tel) : Mobile No. : 97350011

Email Address :

Date of Accident : 11/7/18 Time of Accident : 11:30

Place of Accident : 229 Mountbatten Rd towards Fort Rd.

Insurance Company : MSIG

1. Amend driving licence pass date (1/7/2011) - class 3.

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