

## 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 16:49
Date Of Accident	12/07/2018 09:45
Exact Location Of Accident	MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD132M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUMAIYAH BINTE YUSUF
NRIC No	S2150415G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82687515
Alternative Phone No	OFFICE-82687515

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.6 (A)
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	A28797983AVW
Cover Note Number	

### Driver

Name of Driver	NURASYIQIN BAHRUDDIN EILYAAS
NRIC No	S8002395B
Date Of Birth	29/01/1980
Occupation	INDOOR
Date Of Driving Pass	05/05/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97283033
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	43 BEDOK WALK
Postcode	469144
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 ON COLLISION
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : HUMAIYAH BINTE YUSUF
	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 TO ATTACHMENT

#### 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 Witness 1

Name	STAFF SGT TONY YEO
Phone Number	
Email Address	

#### Details of Witness 2

Name	MD ADZMAN
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2199L
Vehicle Make/Model/Colour	COMFORT
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	LOH CHEE MUN
NRIC/Passport Number	S7146649C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT DAMAGE
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB1192S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH TIAN CHERN
NRIC/Passport Number	S7145375H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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:

12-7-18 4:30pm

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

12 July 18  
4:30pm

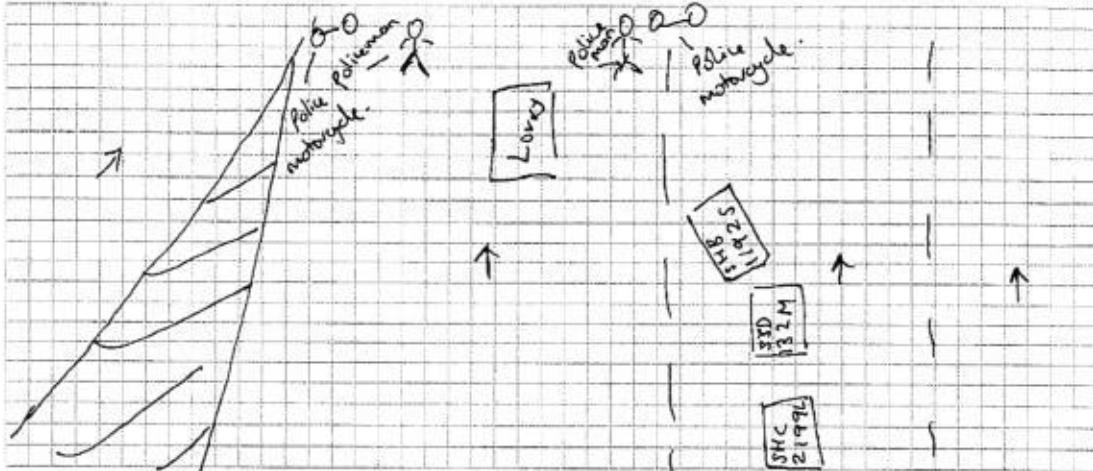
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:



81030002

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Front car SHB1192S, Middle car SJD132M, Back car SHC2199L. MCE, 9.45am, 12 Jul 18.
- We were travelling along MCE at around 9.45am. Road was dry, traffic light and visibility good.
  - Taxi SHB1192S in front was stopped by 2 policemen (Tony Yeo and Md Adzman) ~~to the left of the road~~ and we slowed down and stopped behind SHB1192S. We were both stationary.
  - After a while, taxi SHC2199L crashed into the back of car SJD132M and the car moved forward due to the strong impact and bumped into taxi SHB1192S in front. My right foot was on the ~~break~~ at all times brake at all times.
  - Staff Sergeant Tony Yeo witnessed and confirmed to the 3 drivers that vehicles SHB1192S and SJD132M were stationary and that driver SHC2199L was travelling too fast and negligently and did not stop in time and he caused the accident.
  - There were no injuries for drivers SHB1192S and SJD132M except for driver of taxi SHC2199L who mentioned of an apparent leg pain. No injury for passenger SJD132M. SHB1192S and SHC2199L have no passengers.
  - Attached video of accident (in CD form)

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

12/7/18 4:30pm

Q-17 (Rev. 12/2017) (Form 1)

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12 July 18

4:30pm



Reporting Officer's Signature

Name:

NRIC/FIN No.: