

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	23/07/2018 13:02
Date Of Accident	21/07/2018 18:00
Exact Location Of Accident	ALONG CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5586P
Insured/Policyholder	
Name Of Registered Owner	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
Co Reg No	197901535G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63338811

Vehicle Particulars

Manufacturer	BMW
Model	528I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	MSD/VPCP/17-001214
Cover Note Number	

Driver

Name of Driver	YVONNE DEBORAH TALON
NRIC No	G6237043U
Date Of Birth	16/02/1965
Occupation	INDOOR
Date Of Driving Pass	16/08/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91502523
Fax Number	
Contact Number	
EMail Address	TVONNE_TALON@WATERS.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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.	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

On Saturday July 21, at approx 6pm, I (SKN5568P) was driving ALONG CTE TOWARDS CITY (between BRADDELL and UPP Serangoon exit) in the most left lane. The traffic was heavy in all lanes. The exit to Upper Serangoon road was so busy that cars were slowing down and queuing into the CTE land in which I was driving. While I was driving the front vehicle started to stop due to the traffic, so I slowed down and stopped my vehicle. While my vehicle was stationary suddenly the other party SH6993C collided into my vehicle from behind, and the last vehicle (SGD8748U) collided into the taxi (SH6993C). Due to the impact my rear bumper was damaged. We manage to exchange particular and I took some pictures from all 4 angles of the incident, and no injuries involved by any party or passengers. The taxi did have a camera inside.

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	SH6993C
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 / BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH SOO WONG
NRIC/Passport Number	S1450191F
Contact Number	97275866
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGD8748U

Vehicle Make/Model/Colour

HYUNDAI / TUCSON2.0A / BLACK

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KHOO KIAM HWEE RAYMOND

NRIC/Passport Number

S6929878H

Contact Number

96156887

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Sketch Plan

SKETCH PLAN

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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.
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.

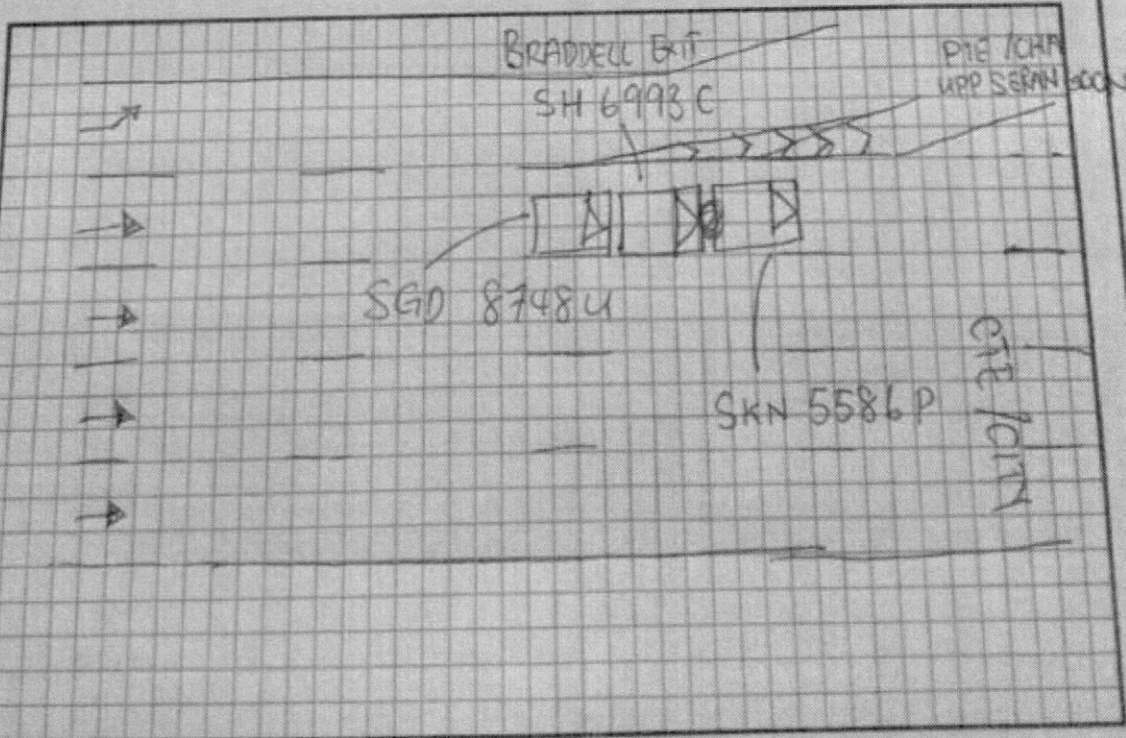
VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

On Saturday July 21, at approx 6pm , I (SKN5568P) was driving ALONG CTE TOWARDS CITY(between BRADDELL and UPP Serangoon exit) in the most left lane. The traffic was heavy in all lanes. The exit to Upper Serangoon road was so busy that cars were slowing down and queuing into the CTE land in which I was driving.

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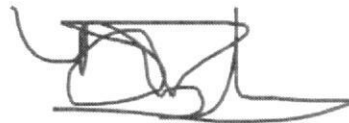
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

23 July 2018 10:56 am

Date/Time:

23 July 2018 10:56 am