

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	03/08/2018 13:45
Date Of Accident	02/08/2018 18:05
Exact Location Of Accident	CLEMENTI AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6134E
Insured/Policyholder	
Name Of Registered Owner	CHIN YEOW THIAM
NRIC No	S1227063A
Email Address	CHINYTTAG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96288507
Alternative Phone No	OFFICE-96288507

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT 1.8 TSI COMFORTLINE
Exact Purpose for which vehicle was being used at time of accident	
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 28726183 AVW
Cover Note Number	

Driver

Name of Driver	CHIN YEOW THIAM
NRIC No	S1227063A
Date Of Birth	04/01/1957
Occupation	INDOOR
Date Of Driving Pass	15/07/1983
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96288507
Fax Number	
Contact Number	OFFICE-96288507
Email Address	CHINYTTAG@SINGNET.COM.SG

Address	93 CASHEW ROAD , #13-04
Postcode	679664
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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

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	SKB9834K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEOW
NRIC/Passport Number	
Contact Number	9795 8767
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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

This is a full-page image of a blank sheet of white graph paper. The grid consists of thin, light gray horizontal and vertical lines intersecting at regular intervals to form small squares across the entire page. There are no margins, text, or other markings on the paper.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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 Report for SLB6134E Volkswagon Passat

Date of Accident: 2 Aug 18

Location of Accident: Clementi Ave 5 slip road toward Clementi Ave 2

Time of Accident: 06:07 pm

Injury: None

Involved vehicle: SKB 9834K Toyota Altis (Mdm Leow, Hp:97958767)

Description of the Accident

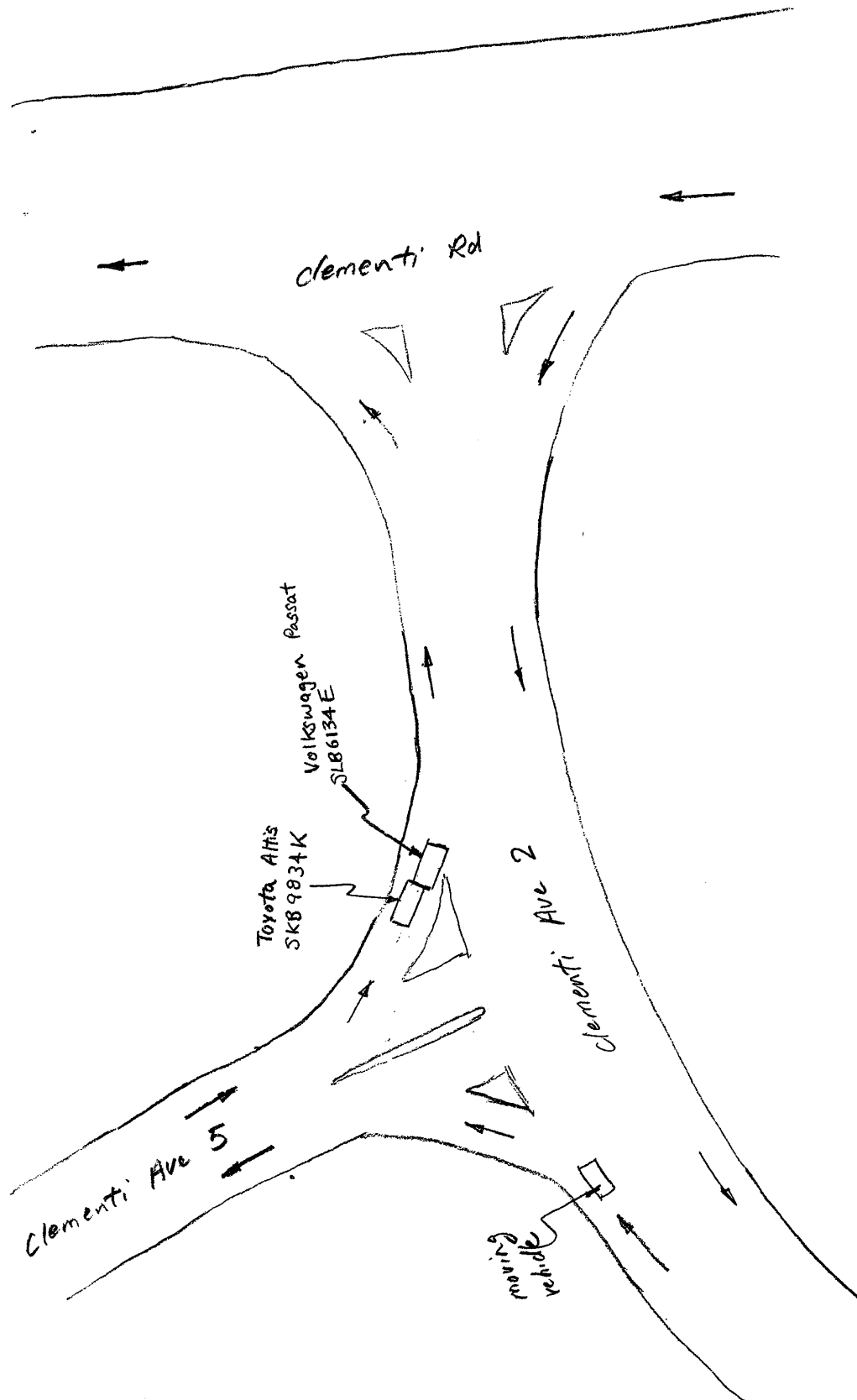
At about 06:05 pm I was driving my car SLB6143E along Clementi Ave 5 toward Clementi Ave 2. Due to heavy traffic I stop my car near to the slip road. When my front vehicles slowly entered Clementi Ave 2, I drove my car forward to the end of the slip road slowly and ready to stop due to coming vehicles moving along Clementi Ave 2 toward Clementi Road. At this instant, the car SKB9834K hit my car from behind. My car bumper was dented at left hand side. For location and graphic illustration of the accident, see the sketch attached.

Reported by: Chin Yeow Thium

NRIC: S1227063A

Date and time of reporting:

Signature:





MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

VW DRIVEEASY**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
A 28726183 AVW	15/04/2018 to 14/04/2019	SINGAPORE
Name and Address of Insured	Date of Issue	Account Number
Chin Yeow Thium 93 Cashew Road #13-04 Singapore 679664	21/03/2018	156346
Premium	GST	Total Due
SGD984.38	SGD68.91	SGD1,053.29

RISK NUMBER 1**VW DRIVEEASY****OCCUPATION**

Technical Specialist

FINANCIAL INTEREST

DBS Bank Ltd
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

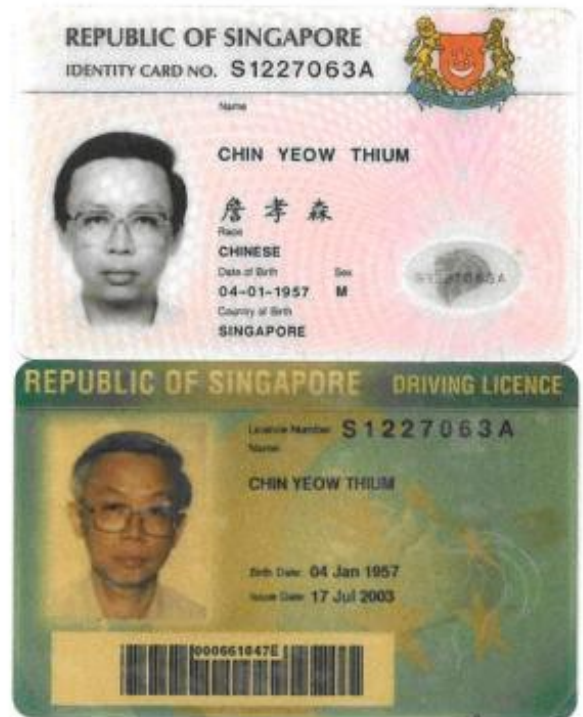
REGISTRATION NO.	SLB6134E	SUM INSURED	MARKET VALUE
MAKE/MODEL	Volkswagen Passat 1.8 TSI	INCL. COE/PARF	YES
ENGINE NUMBER	CJS128366	OFF-PEAK CAR	NO
CHASSIS NUMBER	WVWZZZ3CZGE094357	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2015	GOOD DRIVER'S	
CAPACITY	1798 C.C.	DISCOUNT	SGD51.81
SEATING CAPACITY	5 (INCL. DRIVER)	NCD PROTECTOR	COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD1,500
		ANNUAL PREMIUM	SGD984.38

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Chin Yeow Thium

Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

