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 witholding 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	25/08/2018 16:09		
Date Of Accident	24/08/2018 17:20		
Exact Location Of Accident	BALESTIER ROAD BEFORE MOULMEIN ROAD		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SGT161E		
Insured/Policyholder			
Name Of Registered Owner	TOH WEE SIONG		
NRIC No	S8013831H		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-92995046		
Alternative Phone No	OTHERS-92995046		
Vehicle Particulars			
Manufacturer	MAZDA		
Model	MAZDA3 SEDAN 1.5 AT EU6		
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK		
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 80459147 QMX		
Cover Note Number			
Driver			

TOH WEE SIONG Name of Driver NRIC No S8013831H Date Of Birth 13/05/1980 Occupation **OUTDOOR Date Of Driving Pass** 23/04/2004 **Driving Experience** 14 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92995046

Fax Number

Contact Number OTHERS-92995046

EMail Address NOEMAIL

BLK 538 SERANGOON NORTH AVENUE 4 Address

#05-83 550538

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface WET

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1 Number of Passengers (Including Driver)

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?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBC2099M Vehicle Registration Number Vehicle Make/Model/Colour NISSAN

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE CHONG YONG KEONG Name of Driver

S9211743Z NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TOH WEE SIONG Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HEAD AND NECK

SGT161E

YES

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
- 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.
- 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

(iii) 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

NRIC/FIN No.:

GUVUNC Sert/SELeninger vil

Sketch Plan #2

SKETCH PLAN	Zeben Cross 3		
	Bake Bake Bake Bake Bake Bake Bake Bake	Stin Kond Setore Mointmen Ron Vehicle A: SGT+61E Vehicle B: GBC 2099 M	
soft to Lion	wing down raming to a stop for 20 to 1 to	from the rear	
LARATION declare the foregoing partic	rulars are true in every respect.	- 25/8/2018	
holder's Signature & Time:	Driver's Signature Reportin (If driver is not the policyholder) Name: Date & Time: NRIC/FIN	g Centre Personnel's Signature	















































