

SINGAPORE ACCIDENT STATEMENT

MSIG (WINNER)
VS
M: FIRST CAPITAL

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	31/08/2018 15:01
Date Of Accident	31/08/2018 13:00
Exact Location Of Accident	TAMPINES AVE 12 SLIP RD TWDS PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1776P
Insured/Policyholder	
Name Of Registered Owner	CHUA CHOO HUAT
NRIC No	S0002897E
Email Address	ALBERTCHUA1113@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96737540
Alternative Phone No	OTHERS-96737540

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA A6 1.4 TSI DSG 90KW TL
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 80422828 AVW
Cover Note Number	

Driver

Name of Driver	CHUA CHOO HUAT
NRIC No	S0002897E
Date Of Birth	25/10/1951
Occupation	INDOOR
Date Of Driving Pass	27/11/1973
Driving Experience	44 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96737540
Fax Number	
Contact Number	OTHERS-96737540
Email Address	ALBERTCHUA1113@GMAIL.COM

Address	431 TAMPINES ST 41 #10-527
Postcode	520431
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)	2
Passenger 1	NAME: : LEE WAI FOON
	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 SKETCH PLAN.

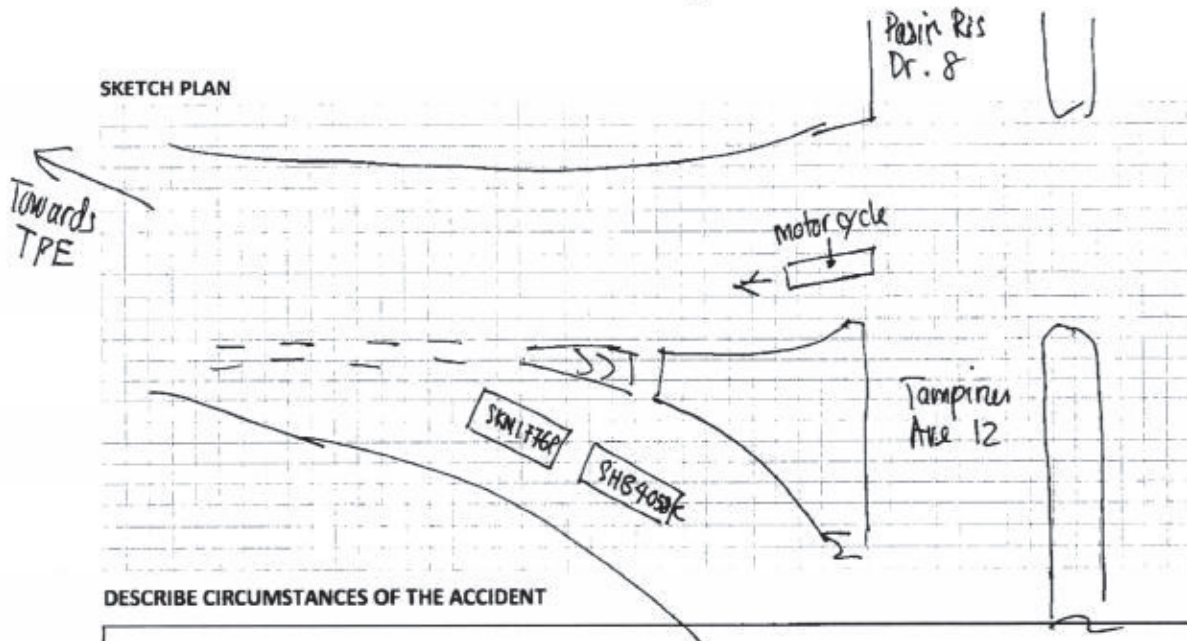
Attachment(s)

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	SHB4058C
Vehicle Make/Model/Colour	COMFORT TAXI/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMMAD NOH BIN SABERAN
NRIC/Passport Number	S7837211G
Contact Number	93896306
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



While in the slip road from Tampines Ave 12 into TPE going towards Punggol, slow down to allow a motor cycle coming from Pairi Res Dr. 8 at around 1.00pm on 31.08.2018, the Comfort Taxi SHB4058C knocked onto my car SKM1776P from behind causing the back bumper damaged.

Driver of SHB4058C name: Muhammad Noh Bin Saberan

tel : 93896306

Lic. No : 87837246

DECLARATION

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

Milman

Policyholder's Signature

Date & Time:

31.08.2018 / 3.15pm

Milman

Driver's Signature

(If driver is not the policyholder)

Date & Time:

31 AUG 2018

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

31 AUG 2018

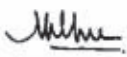
SKETCH PLAN

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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:

31.08.2018
 3.27pm

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


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

31 AUG 2018