

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	10/09/2018 17:32
Date Of Accident	07/09/2018 17:45
Exact Location Of Accident	PIE JUST A/F THOMSON FLYOVER TWRDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDL8286D
Insured/Policyholder	
Name Of Registered Owner	KOH WEE MENG, JOHNSON (XU WEIMING, JOHNSON)
NRIC No	S7331022I
Email Address	JOHNSONKOH02@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82988133
Alternative Phone No	OTHERS-96877323

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	
Cover Note Number	8VPCP1822640

Driver

Name of Driver	KOH WEE MENG, JOHNSON (XU WEIMING, JOHNSON)
NRIC No	S7331022I
Date Of Birth	01/09/1973
Occupation	INDOOR
Date Of Driving Pass	16/12/1992
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82988133
Fax Number	
Contact Number	OTHERS-96877323
Email Address	JOHNSONKOH02@YAHOO.COM.SG

Address	56 CHOA CHU KANG NORTH 6 #16-28
Postcode	689577
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : DAUGHTER 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

PLEASE 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	SKC2359G
Vehicle Make/Model/Colour	NISSAN ELANTRA BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG KHENG SOON DESMOND
NRIC/Passport Number	S7241112I
Contact Number	84443603
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

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: 10th SEP 2018
2:30 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

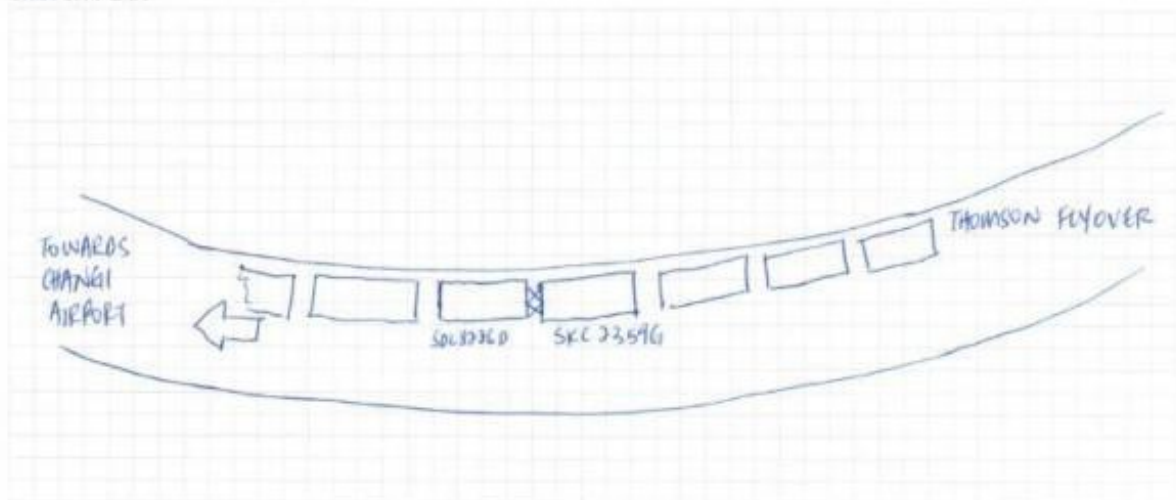
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>I, KOH NEE WEN, JOHNSON, I/C NO. S73310221, DRIVER OF VEHICLE SDL 8286 D, WAS TRAVELING ALONG PIE TOWARDS CHANGI AIRPORT ON 7TH SEP 2018 AT 5.44 PM.</p> <p>I HAVE MY SON AND DAUGHTER WITH ME IN THE CAR.</p> <p>WHEN IT WAS RAINING LIGHTLY AT THAT TIME AND THE ROAD CONDITION WAS WET. THE TRAFFIC WAS VERY HEAVY AND SLOW. IMMEDIATELY AFTER PASSING THE THOMSON FLYOVER, THE CAR IN FRONT OF ME STOP AND I FOLLOWED AND STOP MY CAR. THEN I HEAR A LOUD BANG AT MY REAR.</p> <p>I GOT DOWN FROM MY CAR AFTER CHECKING CLEAR THE TRAFFIC AND ASSESS THE DAMAGE TO MY CAR. I TOOK A PICTURE OF THE OTHER DRIVER, ONG KHENG SOON DESMOND, VEHICLE NO. SKC 2359 G DRIVING LICENCE AND THE SCENE OF THE ACCIDENT.</p> <p>WE INSURE NO PERSONNEL IS INJURED DURING THE ACCIDENT, EXCHANGED DETAILS AND DROVE OFF TO PREVENT CAUSING A MASSIVE JAM.</p> <p>I AM PROCEEDING WITH 3RD PARTY CLAIM AFTER THE OTHER PARTY NOT RESPONSIVE TO MY CALLS AND MESSAGES DESPITE AGREEING TO PRIVATE SETTLEMENT AT THE SCENE OF ACCIDENT.</p>

DECLARATION

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

Policyholder's Signature

Date & Time: 10th SEP 2018
3:31 PM

(Signature of Policyholder)

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/09/2018
Rash Winters

ACCIDENT SCENE



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ACCIDENT SCENE



10/09/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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