

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 18:21
Date Of Accident	07/09/2018 18:30
Exact Location Of Accident	21 EVANS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW2822M
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Insured/Policyholder

Name Of Registered Owner	PHUA ANN SAN
NRIC No	S1432187Z
Email Address	PATRICIA.TAY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81398132
Alternative Phone No	OTHERS-81398132

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 29068910 QMY
Cover Note Number	

Driver

Name of Driver	PHUA ANN SAN
NRIC No	S1432187Z
Date Of Birth	20/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81398132
Fax Number	
Contact Number	OTHERS-81398132
Email Address	PATRICIA.TAY@HOTMAIL.COM

Address	130 THOMSON ROAD #02-02
Postcode	307682
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	RAINING
Road Surface	WET

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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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?	NO
Was there any audio recorded?	NO

Sketch Plan

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:

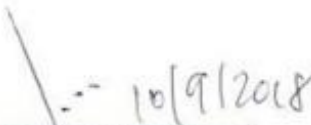
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

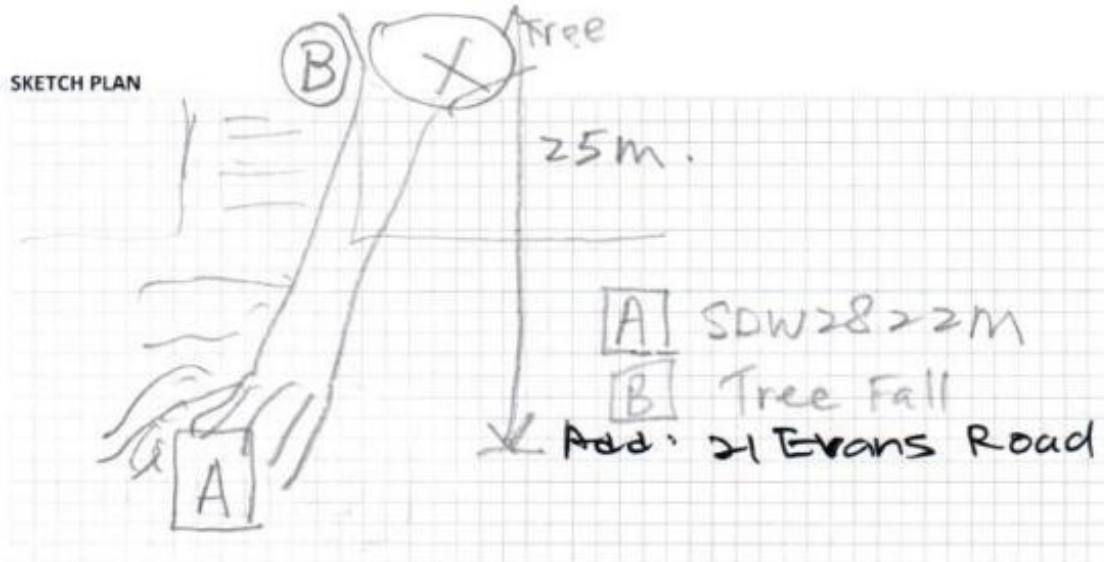


Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yesterday, I parked my vehicle at 21 Evans Road at 12.30pm and report to work at the swimming pool.

Around 6.30pm, one of my friend informed me that a huge tree collapsed and fell on my car. After inspection, I went to MOE CCAB to report the incident and told my supervisor (manager in charge).

Consequently, I filed a police report.

DECLARATION

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

BRS

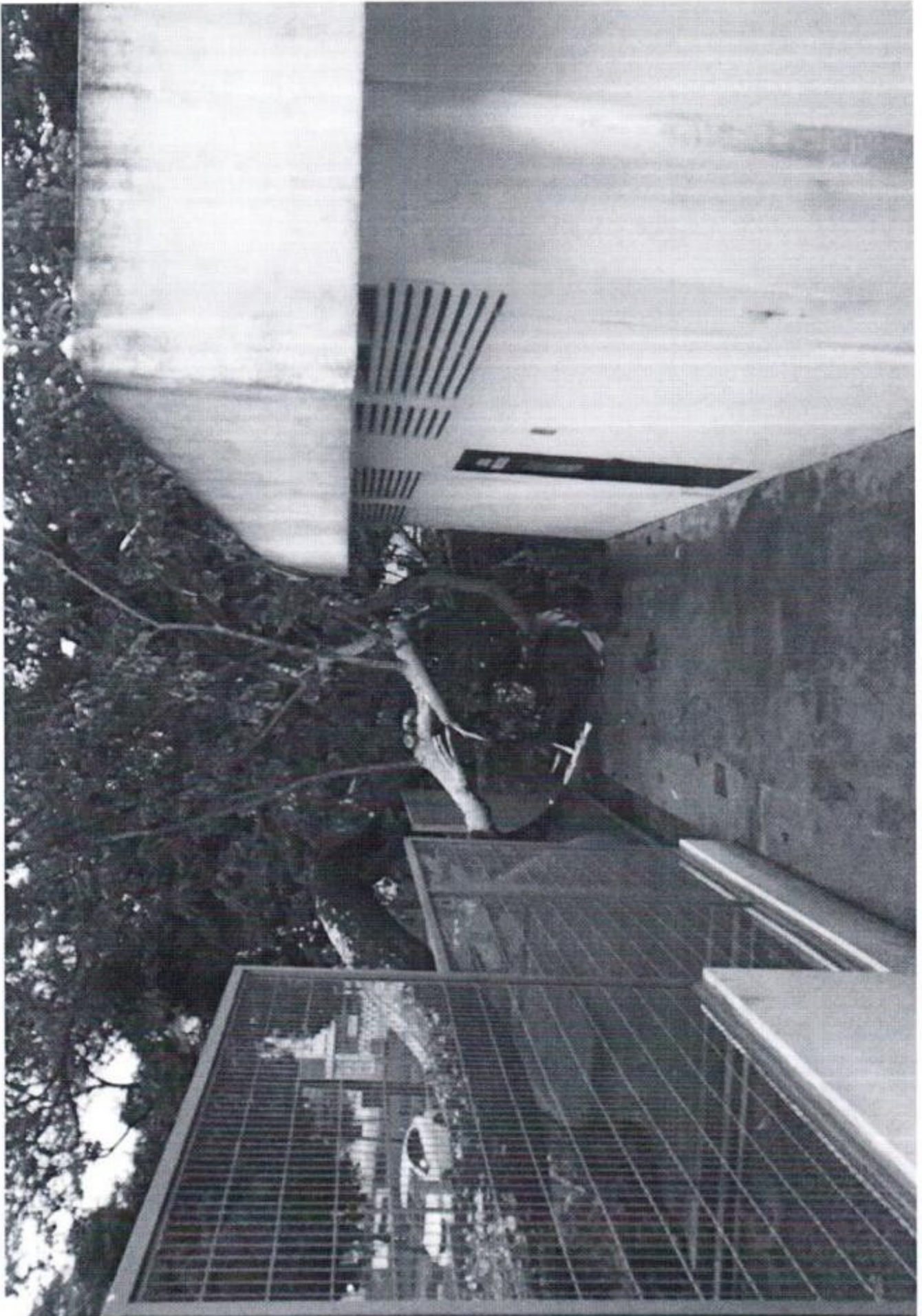
Policyholder's Signature
Date & Time:

BRS

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

10/9/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

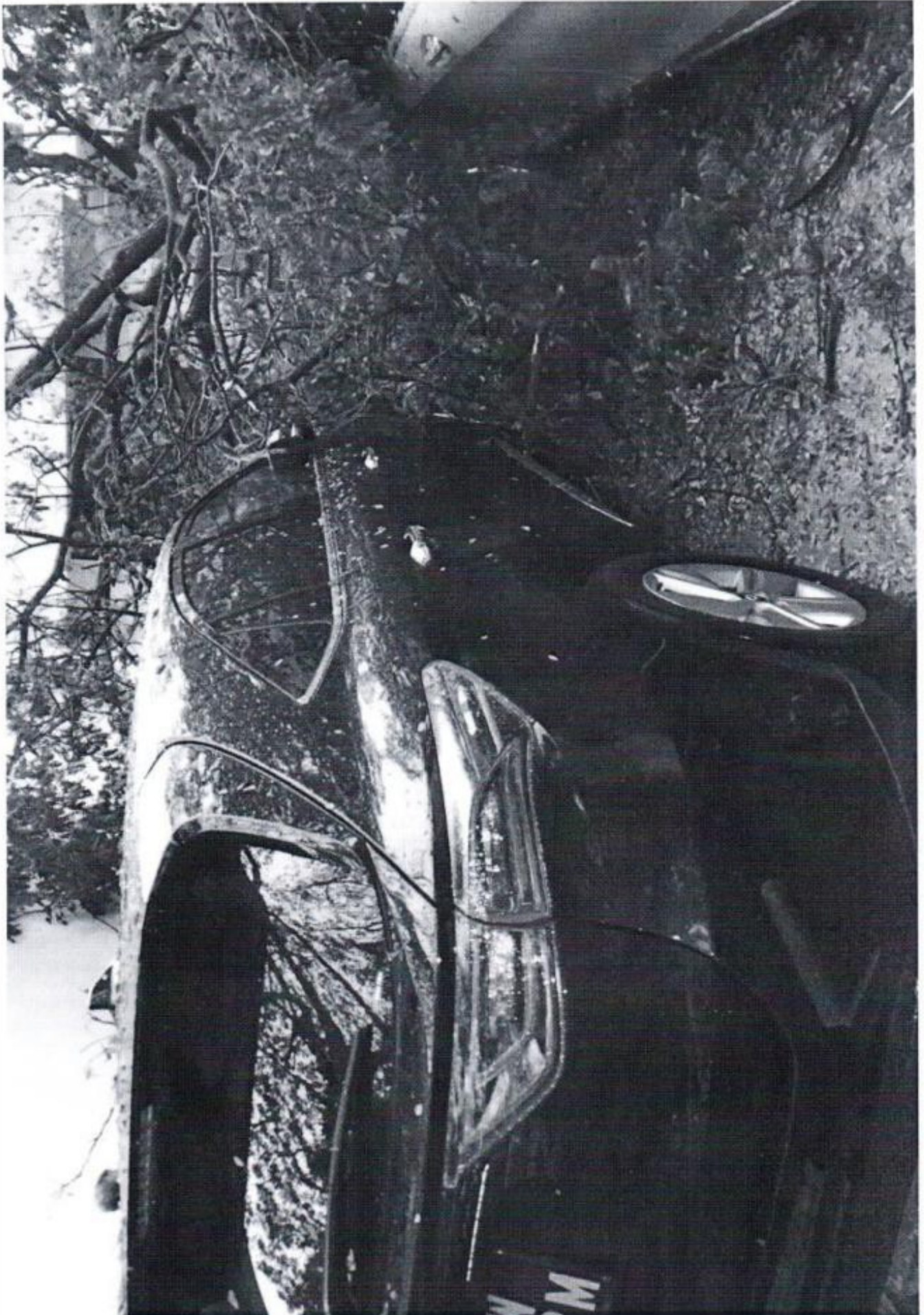
Sketch Plan #3



Sketch Plan #4



Sketch Plan #5



Sketch Plan #6

SINGAPORE POLICE FORCE SAFEGUARDING EVERY DAY		CASE CARD
Report Number : 5/1010407/10	Actions Taken	
Classification : for further action	☐ Advised to file magistrate's complaint	
	☐ Advised to seek community mediation	
	☐ For further investigation	
	☒ Others: civil action	
For queries, please contact: Police Family Panel 63910000		

NP319C (2018)

For more information, visit www.police.gov.sg or the agencies below:

Magistrate's Complaint
www.statecourts.gov.sg
Community Mediation Centre
www.mlaw.gov.sg/content/mcnc
Samaritans of Singapore
www.sos.org.sg
Family Violence Centre
www.ncss.gov.sg
Municipal Services Office
www.one.service.sg
Consumer Association of Singapore
www.casa.org.sg

NP319C (2018)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



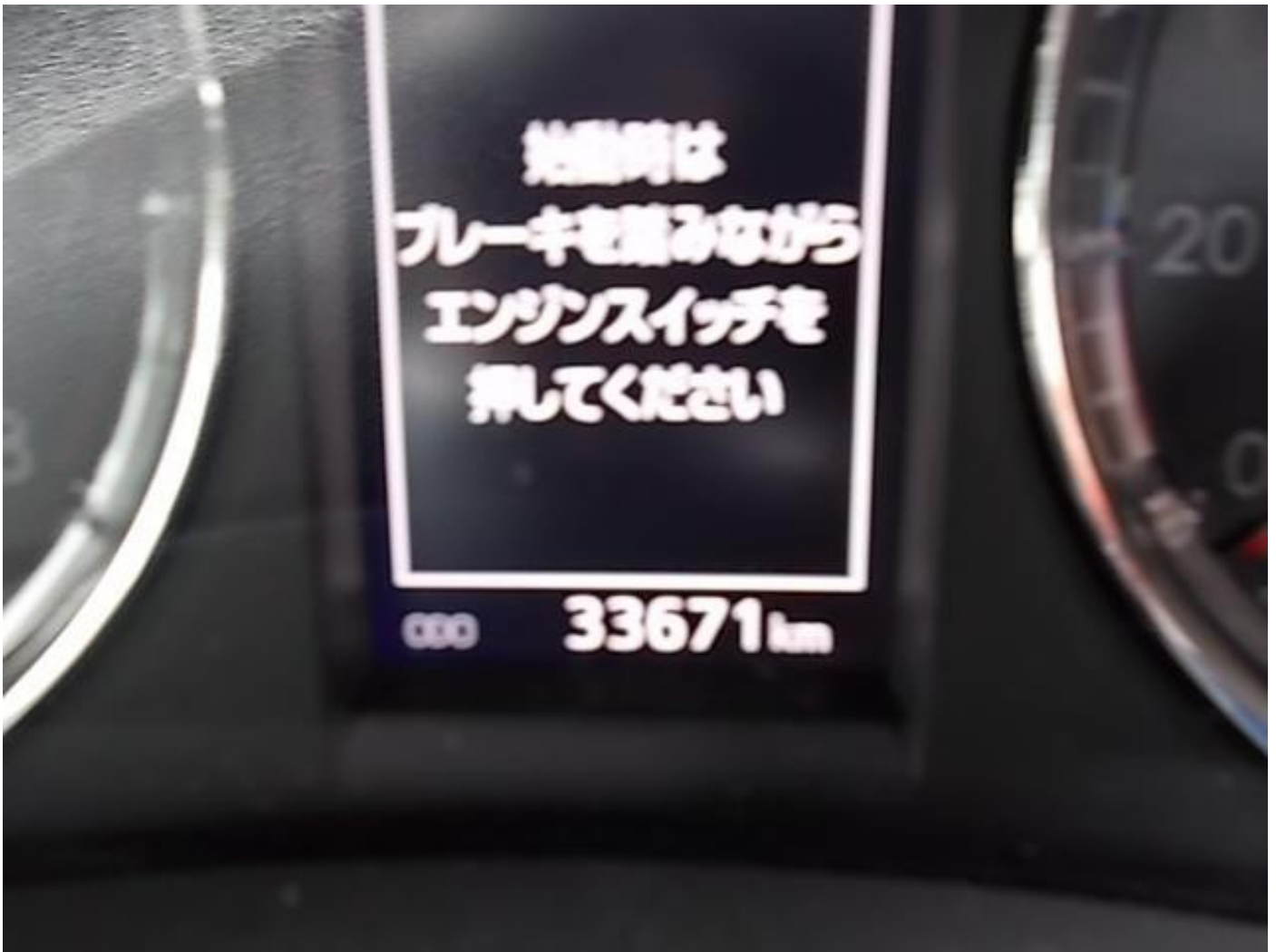
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118117479 Vehicle Registration No: SDW222M
Name (as shown in NRIC) : PHUA ANN SAN NRIC/FIN/Passport No : 51433187Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 130 THOMSON RD H02-02 Singapore (307682)
Contact (Tel) : _____ Mobile No. : 81398132
Email Address : _____
Date of Accident : 07/09/18 Time of Accident : 18:30
Place of Accident : 21 EVANS ROAD
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REVERT FROM REPORTING TO OD CLAIMS

VBRS 13/9/2018
Policyholder / Driver's Signature
Date:

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