

## 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	17/09/2018 15:23
Date Of Accident	16/09/2018 18:20
Exact Location Of Accident	WEST COAST RD TURN INTO 726 WEST COAST MARKET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ775A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SOON CHYE
NRIC No	S1575224F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97306516
Alternative Phone No	OTHERS-97306516

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (M)
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	A29068339QMX
Cover Note Number	

### Driver

Name of Driver	NG SOON CHYE
NRIC No	S1575224F
Date Of Birth	18/09/1963
Occupation	INDOOR
Date Of Driving Pass	14/05/1982
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97306516
Fax Number	
Contact Number	OTHERS-97306516
EMail Address	NOEMAIL

Address	BLK 544 WOODLANDS DRIVE 16 #09-99 SINGAPORE
Postcode	730544
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : YEO LEOW YANG GENDER: : FEMALE
Passenger 2	NAME: : NG JING HAN GENDER: : MALE

#### 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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	SKW6654Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLQ5958Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the G-A Accident Management Centre established by the General Insurance Association of Singapore (GIAA) 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 sighting of this report at the centre and to copies of the report being made available as aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) I/We (we), my/ourself and the General Insurance Association of Singapore ("GIAA") may be 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 generated by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) and have insured vehicle(s) involved in this accident that he collectively referred to as the "Insurers", the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims standing (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 making of correspondence, statements, sketches, reports or replies to me which could involve disclosure of certain personal data about me to bring about delivery of the goods as well as on the external user of envelopes/postal packages); and/or
  - (v) complying with applicable law or administering, processing, handling and/or dealing with my claims to better serve "Insurers".
- (b) all insurers (all who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms) may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes only;
- (c) my Personal Information may/also be disclosed by any of the insurers and/or GIAA to their third party service providers or agents (including their lawyers/law firms) which may be based 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 (a)-(d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, processing 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:  
SIC/ID No.:

# Sketch Plan #2

## SKETCH PLAN

Car park

868786

Vehicle

A - 868786

B - 868786

C - 868786

To Poulton Garden

West Coast Road

Legend

Vehicle

Obstacle

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/8/2018 @ 18:20hrs I was driving along West Coast Road heading towards Poulton Garden. When at the end of 868786 I suddenly decided into my lane. My car reg no 868786 was damaged. I understand that another car reg no 868786 also decided into rear portion of 868786 too.

## DECLARATION

I/We declare the foregoing particulars are true in every respect. I/We declare that I/We have a full and complete authority to sign this report on behalf of the insured.

Policyholder's Signature

Date & Time:

Driver's Signature

Off printer is not the policyholder

Date & Time:

Reporting Centre Personnel's Signature

Name:

ADDRESS No: