SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/09/2018 16:31
Date Of Accident	27/12/2017 15:15
Exact Location Of Accident	TAN HOCK SENG HOSPITAL OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCH4888B
Insured/Policyholder	
Name Of Registered Owner	NG GEK YUEN
NRIC No	S1500618H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96640127
Alternative Phone No	OFFICE-96640127
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VELLFIRE
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28663159QMY
Cover Note Number	
Driver	
Name of Driver	NG MINHUI, MORNIQUE (HUANG MINHUI)
NRIC No	S8802338B
Date Of Birth	28/01/1988
Occupation	INDOOR

22/05/2007

FEMALE

NOEMAIL

10 YEARS AND 7 MONTHS

(LOCAL) +65-91128648

OFFICE-91128648

Address BLK 191 MEYER ROAD

#13-04

Postcode 437980

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident NO 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

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?

YES

If Yes, Please state which Police Station

Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2440000 - **FAX NO**: 64443009

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - G/20180303/7012. VEHICLE HAS BEEN TRADE.

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Accident Sketch Plan

SKETCH PLAN

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.
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- 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.
- The 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.
- 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 insurers) 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:
 - 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:

NRIC/FIN No.:

Name

Reporting Centre Bersonnel's Signature

Accident Sketch Plan

SKETCH PLAN				
	No Steten Plan	provide		
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
Refer to police n	1904-6/20180303/2012			
ECLARATION				
	ticulars are true in every respect.			
	0:10			M ~
		9		0.1
olicyholder's Signature	Driver's Signature	-	Reporting Centre Pe	rsonnel's Signature
Date & Time:	(If driver is not the policyhold	ier)	Name:	
	Date & Time:		NRIC/FIN No.:	1

Police Report





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Police Divisional HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20180303/7012

Date/Time Report Made	Vide Rep	ort No.		Station Diary No
03/03/2018 14:55				
Name Of Informant	Address			
NG MINHUI, MORNIQUE	BLK 191	MEYER R	OAD #13-04 SING	GAPORE 437980
ID Type / ID No. NRIC NO / S8802338B	Contact N Home/Of	3.500	Mobile: 91128648	
Nationality SINGAPORE CITIZEN	Email Adı		@gmail.com	
Occupation	Sex	Age	Date of Birth	Race
School principal	Female	30	28/01/1988	Chinese
Institution/School Name	Language English	•		
Date/Time Of Incident 27/12/2017 15:15	11 JALAN		CK SENG TAN TO	OCK SENG
D. C. C. L. L. L.	HOSPITA	L SINGA	PORE 308433	

Brief details.

My car was stationary and parked at a lot (which was nearer to the emergency department). I wanted my car to be nearer to the medical centre so that it would be easier for my grandfather to walk back to the car after his appiointment. I drove out of the parking lot and drove nearer to the medical centre. I saw an empty parking lot nearer the medical centre and so I parked my car into the said parking lot. When I was in the parking lot (which was nearer to the medical centre), I saw that there were cars coming into the car park. I then decided to move my car out of the parking lot so that someone else could have the parking lot. I drove out of the parking lot and I stopped my car closer to where my grandfather would exit from the

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2018 14:55
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180303/7012

medical centre. My car was stationary in that spot for about 10 minutes. I left the car park after my grandfather, my mother and my grandmother boarded the car.

To the best of my recollection, I do not recall any collision or contact with any other vehicle whilst I was in the car. I did not hear any bang or unusual sound while I was in the car. I also did not notice any scratch or dent or damage to my car on that day.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2018 14:55
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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IO Kampong Arang Road Singap N: 6319 7600 (Purchasing Departm o. Reg. No.:200408061K OS	west) Fax:6474 3113	Ret: Name of Buying Representation	Sathin
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	P3 45 083 Engretapoly	2362	COEELON: 05/01/2020
specied Delivery Date: 30/10	/		No. of Transfers: O a
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Vehicle encumbered: YES / NO	E'Ves : Name of Bank Outstanding Amount :		Due Date to Settlement
Seller's Particulars		A PARTICIPATE OF	
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