

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	28/09/2018 17:40
Date Of Accident	20/06/2018 10:00
Exact Location Of Accident	MOUNT ELIZABETH HOSPITAL (ORCHARD) CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1696R
Insured/Policyholder	
Name Of Registered Owner	WONG LIANG THONG
NRIC No	S1234694H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94514454
Alternative Phone No	OTHERS-94514454

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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	10118303

Driver

Name of Driver	WONG LIANG THONG
NRIC No	S1234694H
Date Of Birth	11/10/1957
Occupation	INDOOR
Date Of Driving Pass	28/10/1978
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94514454
Fax Number	
Contact Number	OTHERS-94514454
Email Address	NOEMAIL

Address	1 MARINE VISTA #09-77
Postcode	449025
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	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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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: 20/06/18

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

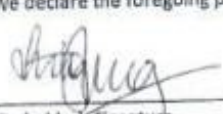
NO SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

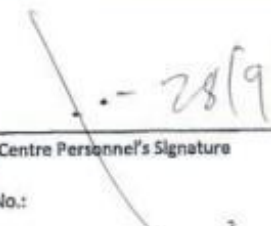
Refer to the attachment behind

DECLARATION

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


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 #3

Date of the incident: 20 June 2018 at around 10.00am.

Location of the accident: Mount Elizabeth Hospital carpark.

I let the Valet of Mount Elizabeth Hospital parked my car this morning. The Valet knocked my car against a pillar whilst he was parking. This was alerted with the Mount Elizabeth Hospital Management who manages the Valet parking in the hospital. They have admitted that it was the fault of their driver and Mount Elizabeth Hospital is responsible. They have instructed me to write this report and they will execute the claim from their Insurance agent; MSIG. I have appended below the Mount Elizabeth Hospital contact detail should you have any other query. I have also included below their Driver's name and Employee reference number for your reference.

Please contact Ms Ebel Goh of Mount Elizabeth Hospital if you need further clarification.

Mount Elizabeth Hospital (Orchard)

Ms: Ebel Goh

Tel number : 67312921

Mobile Number: 97553227.

Driver's Particular:

Mr. Sukhdarshan Singh

Employee Ref Number: 00001324

My name is Wong Liang thong (IC number: s1234694H). My insurance agent is also MSIG; if you need my details. My vehicle number is SJX1696R.

Sketch Plan #4



Sketch Plan #5



(Singapore) Pte. Ltd.
(Company No. 197501291E)
International Insurance Brokers & Consultants

T +65 6222 2244
F +65 6294 8810
E sdib@sime-darby.com.sg

3 Church Street #19-03
Samsung Hub
Singapore 049483

13/04/2018

Wong Liang Thong
1 Marine Vista
#09-77
Singapore 449025

Dear Sir / Madam

Vehicle No SJX1696R BMW
Period of Insurance from 21/05/2018 to 20/05/2019

Thank you for insuring your motor insurance through Sime Darby Insurance Brokers (S) Pte. Ltd

We are pleased to enclose the original cover note for your perusal. The insurance policy and invoice will be sent to you shortly.

If you require any further information, please do not hesitate to contact the undersigned at 6222 2244 or email sdib@sime-darby.com.sg.

Thank you for your kind attention.

Yours faithfully,

Woong Ting Ting
Account Executive

Carly Leong
Account Executive

Sketch Plan #6



Mount Elizabeth™
ORCHARD

Ebel Goh
assistant manager
front office

97553227

tel 65 6731 2000 did 65 6731 2921
fax 65 6738 7011
ebel.goh@parkwaypanat.com

Accident Photo



Accident Photo



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