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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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	08/10/2018 20:03
Date Of Accident	18/08/2018 12:50
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE EXIT 17D
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV8088K
Insured/Policyholder	
Name Of Registered Owner	LIEW LEONG WAN
NRIC No	S1304478C
Email Address	DLIEW192@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98192010
Alternative Phone No	OTHERS-98192010
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at time of accident	GOING TO PLAY GOLF AT NRSCC
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	A 27800798 QMX
Cover Note Number	
Driver	
Name of Driver	LIEW LEONG WAN

NRIC No S1304478C

Date Of Birth 21/10/1958

Occupation INDOOR

Date Of Driving Pass 26/09/1978

Driving Experience 39 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98192010

Fax Number

Contact Number OTHERS-98192010

EMail Address DLIEW192@GMAIL.COM

49 HINDHEDE WALK Address

#03-08

Postcode 587976

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

NO COLLISION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGM5782S Vehicle Registration Number

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)

Accident Sketch Plan

SKETCH PLAN

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 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 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 :
 - 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

8+16 Or

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnyl's Signature

NRIC/FIN No

Accident Sketch Plan

KETCH PLAN PK	nowards cotonial	Befork FEXIT	MD-
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Date & Time:	(If driver is not the policyholder Date & Time:		HOLLI WANTED
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LETTER



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

Your Ref Our Ref

SJV8088K

571594 (Please quote our reference when replying)

05 Oct 2018

URGENT

LIEW LEONG WAN 49 HINDHEDE WALK #03-08 SPRINGDALE CONDOMINIUM SINGAPORE 587976

Dear Sir/Madam

Accident involving SJV8088K and SGM5782S along PIE TOWARDS CHANGI BEFORE EXIT 17D

Policy No

27800798QMX

Date of Accident

18 Aug 2018

We have received a property damage claim from FWD Singapore Pte. Ltd acting on behalf of the owner of SGM5782S. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

Driving license

Identity card 2.

Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you,

Yours, sincerely

Monica Chung Pei Zhen Executive, Motor Claims Claims Services (Motor)

Tel

6594 2552

Fax

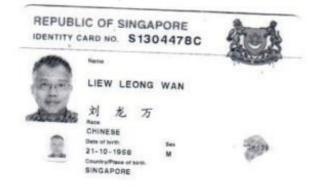
6827 7800

Email

monica_chung@sg.msig-asia.com

cc Safecover Enterprises Pte Ltd

A Member of MS & AD INSURANCE GROUP





5460692



sc № S1304478C



09-04-2015

49 HINDHEDE WALK #03-08 SINGAPORE 587976 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Care = 3500kg with = 7 passengers, exclusive 26 Sep 1976 of the driver; and other motor vehicles =< 2500kg

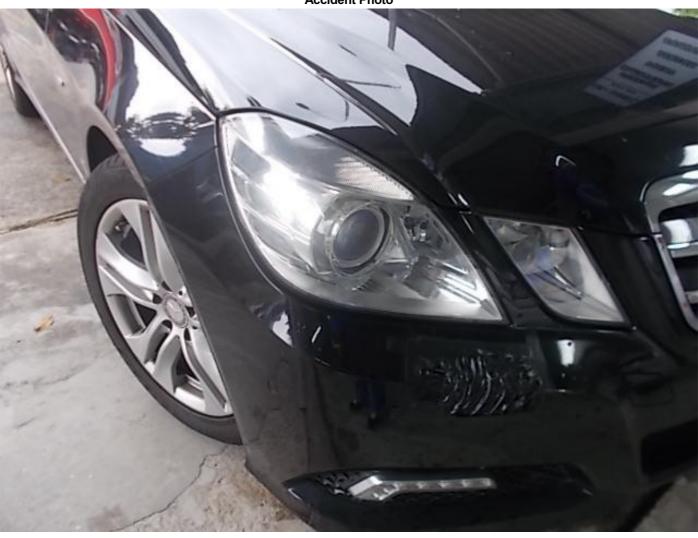
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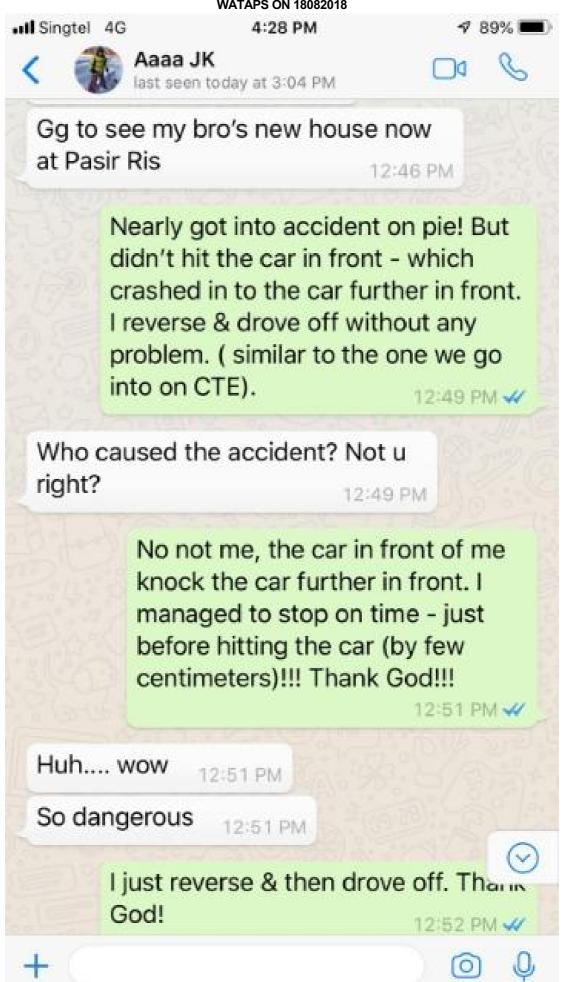




WATAPS ON 18082018



WATAPS ON 18082018



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