

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 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.

ACCIDENT STATEMENT

Date Of Report	17/10/2018 16:59
Date Of Accident	16/10/2018 10:10
Exact Location Of Accident	JUNC OF WOODLANDS AVE 9 & AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4636Z
Insured/Policyholder	
Name Of Registered Owner	BOON TONG KEE PTE LTD
Co Reg No	199608580K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62421968

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 (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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B29085199MKC
Cover Note Number	

Driver

Name of Driver	LOO SAU MOY
NRIC No	S2750632A
Date Of Birth	20/05/1965
Occupation	INDOOR
Date Of Driving Pass	30/03/2001
Driving Experience	17 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98300661
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 219 SERANGOON AVE 4 #06-212
Postcode	550219
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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)	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

PLEASE REFER TO SKETCH PLAN.

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	SKP9832S
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM YI NING
NRIC/Passport Number	S9172093J
Contact Number	96703221
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOO SAU MOY
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBH4636Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN


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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: 
BOON TONG KEE PTE LTD
52 WOODLANDS TERRACE
SINGAPORE 738462
TEL: 62410432 FAX: 64424869

Driver's Signature

If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

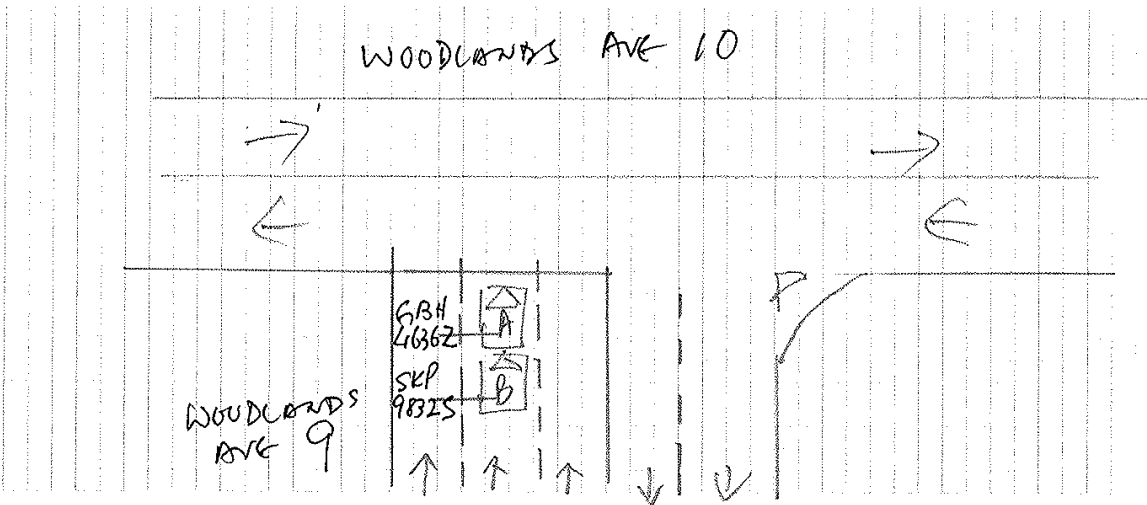
NRIC/FIN No.:




17/10/18

4202

SKETCH PLAN



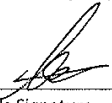
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 16-10-2018 AT AROUND 10.10 A.M, MY VEHICLE WAS STOPPED AT THE RED LIGHT JUNCTION ON THE CENTRE LANE, WHEN TRAFFIC LIGHT GREEN JUST STARTED TO MOVE MY VEHICLE, SUDDENLY I FELT A IMPACT FROM THE REAR OF MY VEHICLE, UPON ALIGHTED AND REALISED THAT VEHICLE SKP 98325 WAS COLLIDED ONTO THE REAR OF MY VEHICLE, AFTER THE ACCIDENT WE EXCHANGE PARTICULAR FOR INSURANCE CLAIM, AND MY BACK WAS FELT UNEASY NEED TO CONSULT DOCTOR.

DECLARATION

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


BOON TONG KEE PTE LTD
 Date: 17/10/18
 82 WOODLANDS TERRACE
 SINGAPORE 738462
 TEL: 62410432 FAX: 64424869


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


 Reporting Centre Personnel's Signature
 Name: 17/10/18 @
 NRIC/FIN No.: 4.20pr



Accident Photo



Accident Photo



Accident Photo





Accident Photo

