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	29/10/2018 20:14
Date Of Accident	29/10/2018 08:15
Exact Location Of Accident	BUONA VISTA MRT STATION PICK UP/DROP OFF EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ1338M
Insured/Policyholder	
Name Of Registered Owner	CHUA YINGLIN (CAI YINGLIN)
NRIC No	S8111614H
Email Address	WINDCHIME009@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98576441
Alternative Phone No	OTHERS-98576441
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SPORTSVAN-1.4 (A)
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	A 28984378 AVW
Cover Note Number	
Driver	

Driver

Name of Driver CHUA YINGLIN (CAI YINGLIN)

NRIC No S8111614H

Date Of Birth 06/04/1981

Occupation INDOOR

Date Of Driving Pass 07/07/2003

Driving Experience 15 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98576441

Fax Number

Contact Number OTHERS-98576441

EMail Address WINDCHIME009@GMAIL.COM

33 TAMPINES CENTRAL Address

#15-47

Postcode 528614

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

COLLISION - HEAD TO REAR 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

2

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)

Passenger 1

NAME: : SON

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?

If Yes, against whom?

NO

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? YES

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM7754B Vehicle Make/Model/Colour MAZDA

Details Of Properties

Vehicle Category PRIVATE CAR NG KOK WAH Name of Driver NRIC/Passport Number S1305115A 92739824 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

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)
 - (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
- 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.
- 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: 25 10/ 2018

Driver's Signature

(If driver is not the policyholder)

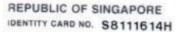
Date & Time:

Preporting Centre Personnel's Signature
Name:
NRIC/FIN No.: COLLI WORTH

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Accident Sketch Plan

SKETCH PLAN	BURNA UISTA WAT PICK	UP LOSP OFF 12
		P)
H B) SLQ 1318 M) SLM 7754B	
	7 300 (1197)	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
my tyo son was in Took some pictures as	th me and he's secured in	. Vehicle SLM 77548 rear ender child seat. Reporting incident to reserve
DECLARATION //We declare the foregoing particula	ors are true in every respect.	aliebot
Policyholder's Signature Date & Time: 3-29/10/2018 16 564-5	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: (Following Portion of the Personnel's Signature (Portion of the Personnel of th







Name

CHUA YINGLIN (CAI YINGLIN)

禁 莹 森

Place
CHINESE
Date of birth Sea
06-04-1981 F
Country of birth
SINGAPORE

























