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 12:24
Date Of Accident	27/10/2018 13:25
Exact Location Of Accident	COMPUTING DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN9938G
Insured/Policyholder	
Name Of Registered Owner	LIM YUN NA RACHEL
NRIC No	S1801052F
Email Address	RACHELTAN2006@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96877853
Alternative Phone No	OTHERS-96877853
Vehicle Particulars	
Manufacturer	BMW
Model	316
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	B27588965SMP
Cover Note Number	
Dulyan	

Driver

Name of Driver ALFRED TAN WEI RU

NRIC No S1745707A

Date Of Birth 08/05/1966

Occupation INDOOR

Date Of Driving Pass 13/10/1984

Driving Experience 34 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97601328

Fax Number

Contact Number OTHERS-96877853

EMail Address TANBOX2002@YAHOO.COM.SG

Address 28 DALVEY ESTATE #03-30

Postcode 259548 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH.

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 PC3940L

Vehicle Make/Model/Colour VOLVO B9L / ORANGE (NUS) (COMFORT DELGRO)

1

Details Of Properties

Vehicle Category BUS

Name of Driver PEH HOCK SIEW

NRIC/Passport Number S0227227Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage LEFT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

- 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, (d) 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:

29042018

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Sime Darby P

GARY POHICHAI HOON Performance Motors Limited 303 Alexandra Road Hormaning 🗘

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN		
	Computing Dini Bus A2 Nus Guild House Greak	
	·25pm	SS quild Hase carpark. 1
Un 27 Oct 2018		
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scrapping Sour	nd. I come out	of my car and saw
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and paint-off	! (caw the shut	Hu bus stopped and
the but arrive	tant come days.	The bus' left back
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its rear h	e bus dower can	e days and we
exchanged de	Starle, He is a di	ver with contact belgio
and he ident	ice hmself as Mr t	Jeh Hock Sew.
This happened a	or Kert Pipe "MUC	- Cruild House, turning
out to Com	puthp Drive, of	cent enge Dinke
ECLARATION Ve declare the foregoing particula	rs are true in every definent	GARY FOR CHANNIFFEED ALL
*c decidle the folegoing particula	A Sare true in every neappett.	303 Alexandra Rhed 7/11
C) III		~ (1000000)
ityholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
te & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
Heyholder's Signature te & Time: 2 9 0 + 2018		Reporting Centre Personnel's Signature























