

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	03/11/2018 09:37
Date Of Accident	02/11/2018 16:30
Exact Location Of Accident	VIVO CITY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8148Z
Insured/Policyholder	
Name Of Registered Owner	ARUN S/O GURUSWAMY
NRIC No	S8434762J
Email Address	ARUN.G@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-90232957
Alternative Phone No	OFFICE-90232957

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN NF 2.0 TSI R-LINE D7
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29065998 AVW
Cover Note Number	

Driver

Name of Driver	ARUN S/O GURUSWAMY
NRIC No	S8434762J
Date Of Birth	24/10/1984
Occupation	INDOOR
Date Of Driving Pass	14/02/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90232957
Fax Number	
Contact Number	OFFICE-90232957
Email Address	ARUN.G@LIVE.COM.SG

Address	37 TELOK BLANGAH RISE #23-309
Postcode	090037
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	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?	NO
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

refer to sketch plan

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD7867M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN LIAN FOONG
NRIC/Passport Number	S7700007J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

03/11/2018 @ 0945hrs

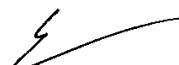


Driver's Signature

(If driver is not the policyholder)

Date & Time:

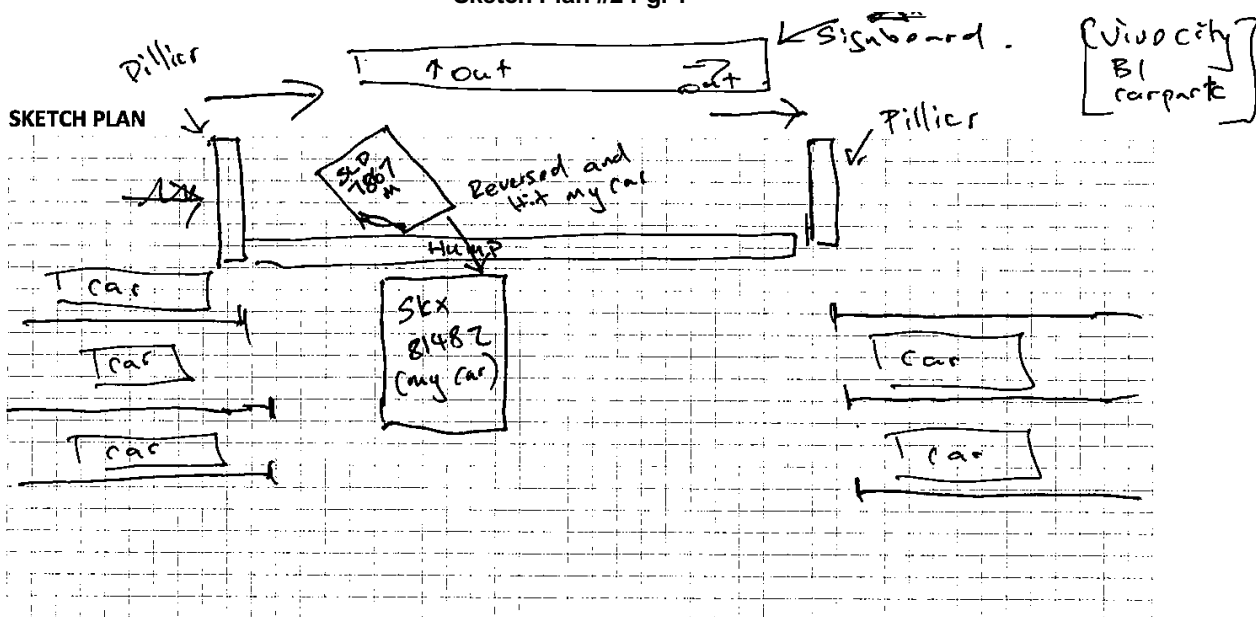
03/11/18 @ 0945hrs



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle number is SKX 8148Z. The defendant's car plate number is SLD 7867M (Subarn Forester) driven by one Chan Lian Foong (Chen Lianfeng), NRIC: S7700007J, residing at 15 Kovan Road, #05-03, S548189. I was waiting to turn right in the diagram above to exit Vivo City Basement carpark (B1).

Ms. Chan, who was in front of me suddenly turned left onto oncoming traffic and suddenly started reversing. She did not have her hazard ~~the~~ lights switched on. She then bumped into the front of my car. When she came out of the car she started being defensive. She claimed that she did not do anything wrong. Her friend who was driving another car also came out and started defending her. My car was stationary when Ms. Chan reversed into my car. As a result of her actions, the front of my car suffered scratches and paint chip as well as a crack in my number plate. I am also afraid that the camera on the Volkswagen logo may be affected. Ms. Chan also did not exchange her contact details with me. She was very un-cooperative.

DECLARATION

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

Policyholder's Signature

Date & Time:

03/11/2018 @ 0945hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

03/11/18 @ 0945hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

DUPLICATE COPY

FOR FINANCE COMPANY

VW DRIVEEASY

THE SCHEDULE

Policy Number	Period of Insurance	Place of Issue
A 29065998 AVW	27/12/2017 to 26/12/2018	SINGAPORE
Name and Address of Insured		Date of Issue
Arun s/o Guruswamy 37 Telok Blangah Rise #23-309 Singapore 090037		28/12/2017
		Account Number
		156346
Premium	GST	Total Due
SGD1,848.79	SGD129.42	SGD1,978.21

RISK NUMBER 1

VW DRIVEEASY

OCCUPATION

Civil Servant

FINANCIAL INTEREST

DBS Bank Ltd
as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

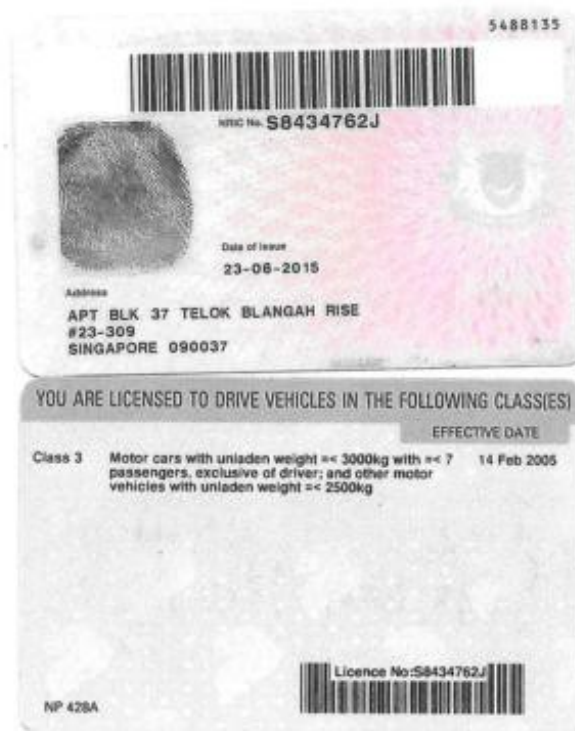
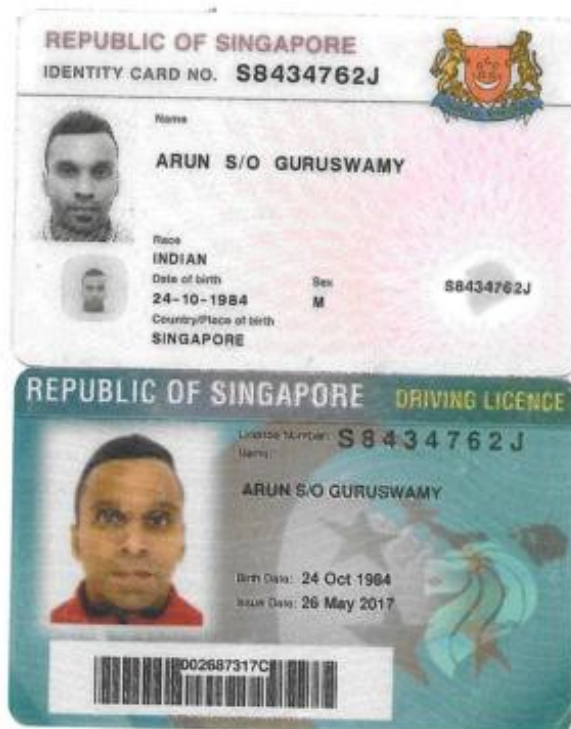
REGISTRATION NO.	SKX8148Z	SUM INSURED	MARKET VALUE
MAKE/MODEL	Volkswagen Tiguan R-Line 380	INCL. COE/PARF	YES
ENGINE NUMBER	CHH234496	OFF-PEAK CAR	NO
CHASSIS NUMBER	WVGZZZ5NZJW850529	NO CLAIM DISCOUNT	20.00% (or F/D)
YEAR OF MFG	2017	NCD PROTECTOR	NOT COVERED
CAPACITY	1984 C.C.	EXCESS	SGD1,500
SEATING CAPACITY	5 (INCL. DRIVER)	ANNUAL PREMIUM	SGD1,848.79
WINDSCREEN	UNLIMITED		

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Arun s/o Guruswamy

Sketch Plan #4



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



2979450



NRIC No. S7700007J



Blood Group Date of issue
B+ 08-09-1997

15 KOVAN ROAD #05-03
SINGAPORE 548189

NRIC No: S7700007J

Date: 18/11/2010

No: 6652431