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 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

	ACCIDENT STATEMENT
Date Of Report	08/11/2018 14:09
Date Of Accident	08/11/2018 08:30
Exact Location Of Accident	AYE BEFORE EXIT 7
Country/State of Loss	SINGAPORE
[DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX7107X
Insured/Policyholder	
Name Of Registered Owner	TECHELM TECHNOLOGIES PTE LTD
Co Reg No	200501014N
Email Address	YX@TECHELM.COM
Mobile Phone No	(LOCAL) +65-98522912
Alternative Phone No	OFFICE-98522912
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at ime of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	A 27936545 MKC
Cover Note Number	
Driver	
Name of Driver	YU XIANG
Passport No/FIN	G7268721W
Date Of Birth	18/03/1966
Occupation	OUTDOOR

Date Of Driving Pass 28/04/2016

Driving Experience 2 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98522912

Fax Number

Contact Number OTHERS-98522912 **EMail Address** YX@TECHELM.COM Address BLK 1003 BUKIT MERAH CENTRAL

#01-05

Postcode 159836

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 2

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 1

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?

If Yes, against whom?

NO

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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGM6331D

Vehicle Make/Model/Colour TOYOTA WISH

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD HAFIZ BIN JAFFAR

NRIC/Passport Number S8522393C Contact Number 90464380

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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)
 - (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.
- (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

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN	
nd -> Kt	EPPEC (POSS OF AYE
TUA	s —
A) GX71	.07×
B) 86M	
ESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT
I was tra	welling and 08-30 hrs along AYE before Exit 7
We declare the foregoing	na particulars are true in every respect.
M IFC	1 Ju xing 08/11/2018 200 08/a/2009
	151 TV 700 1 00 111 1 - A - DV 101 101 100
olicyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature





VISIT PASS
Immigration Regulations

Name

YD XIANG

Download SGW 57k Pass App to check status

0.7206723W

Date of Birth
18-03-1966 M

Nationality
CHINESE

MACTIPLE JOURNEY VISA SEQUED BY CANCELLED
OR HAS EXPINED, OR WIEW A NEW CAND IN ISSUED TO YOUR

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight << 3000kg with =< 7 28 Apr 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight << 2500kg

NP 428A

Licence No:G7258721W























