

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	12/11/2018 15:27
Date Of Accident	12/11/2018 09:30
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR8166C
Insured/Policyholder	
Name Of Registered Owner	FIONA KWAN AI MING
NRIC No	S7182952I
Email Address	KWANHOO9288@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96749133
Alternative Phone No	OTHERS-96749133

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	B 28893142 QMY
Cover Note Number	

Driver

Name of Driver	FIONA KWAN AI MING
NRIC No	S7182952I
Date Of Birth	16/02/1971
Occupation	INDOOR
Date Of Driving Pass	09/04/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	+65-96749133
Fax Number	
Contact Number	OTHERS-96749133
Email Address	KWANHOO9288@YAHOO.COM

Address	341 UPPER BUKIT TIMAH ROAD #10-03
Postcode	588195
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

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	SLT3143D
Vehicle Make/Model/Colour	MAZDA 5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHIEW HONG
NRIC/Passport Number	S1327303J
Contact Number	96390288
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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) 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.

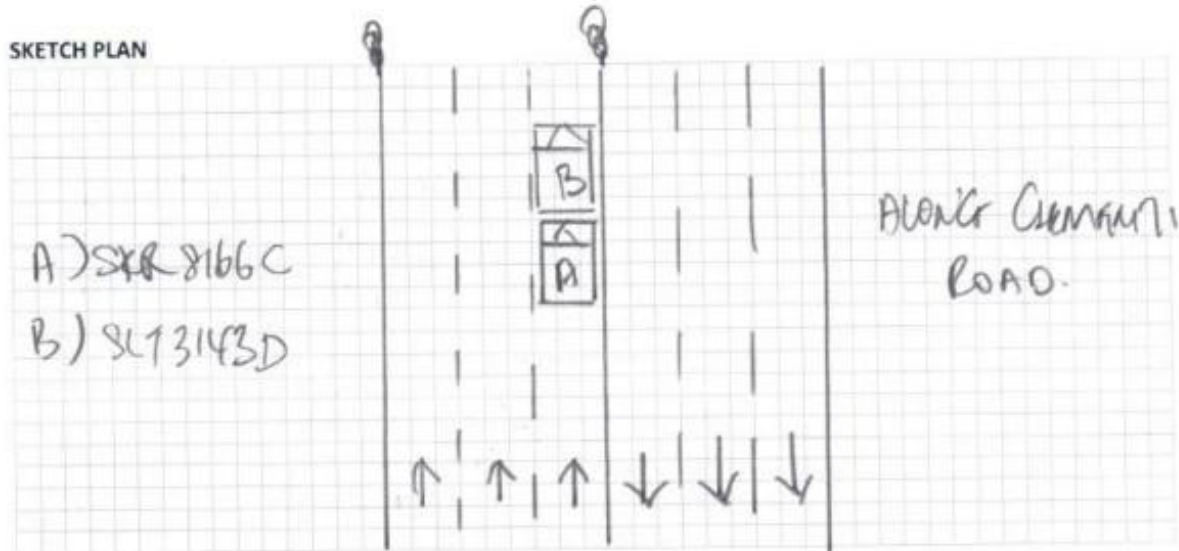

Policyholder's Signature
Date & Time: 12/11/2018


Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/11/2018
205pm


Reporting Centre Personnel's Signature
Name: Rock Lurthio
NRIC/FIN No.: 

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Grab vehicle was in front of my car when the very minor incident took place along Pasir Panjang / Clementi Road. The traffic light turned green & I slightly move forward & lightly bumped into the the Grab vehicle (SLT 3143D). My car bumper seemed not affected at all but the driver want to report me that will affect my NCD

DECLARATION

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

Signature
Policyholder's Signature
Date & Time: 12/11/2018
203pm

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

Signature
Reporting Centre Personnel's Signature
Name: Keshi
NRIC/FIN No.:

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7182952I



Name

FIONA KWAN AI MING

Race
CHINESE

Date of birth
16-02-1971

Sex
F

Country of birth
MALAYSIA

ID # S7182952I

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S7182952I

FIONA KWAN AI MING

DOB Date: 16 Feb 1971

Issue Date: 15 Nov 2016



002629244C



4720648



NRIC No. S7182952I

Date of issue
31-05-2011

Address
341 UPPER BUKIT TIMAH ROAD
#10-03
SINGAPORE 588195

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 09 Apr 2002

NP 425A



Licence No: S7182952I

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA418/46298 Vehicle Registration No: SKR 8166C
Name (as shown in NRIC) : FIONA KWAN BI MIN NRIC/FIN/Passport No : S7182952I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 96749133
Email Address : _____
Date of Accident : 12/11/2018 Time of Accident : 09:30
Place of Accident : ALONG CLAMKUN ROAD
Insurance Company: MSIA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIP VEHICLE NUMBER 20 SLT 3143D

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafael Lim
NRIC/FIN No.: 22/11/2018
Date: