## 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

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Date Of Report

13/11/2018 14:39

Date Of Accident

12/11/2018 14:40

Exact Location Of Accident

ALONG LOR MYDIN

Country/State of Loss

SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SME9801R

Insured/Policyholder Name Of Registered Owner

SANCTUARY MOTOR PTE LTD

Co Reg No

2000 102000

**Email Address** 

**NOEMAIL** 

Mobile Phone No

Alternative Phone No

OFFICE-89999999

#### **Vehicle Particulars**

Manufacturer

MERCEDES-DENZ

Model

Exact Purpose for which vehicle was being used at PRIVATE USE

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

THIRD PARTY

Fleet Policy

NO

Policy Number

P28870486MTR

Cover Note Number

#### Driver

Name of Driver

TAN SHENG HAO, KIEROY

NRIC No Date Of Birth 59210356J 10/03/1992

Occupation **Date Of Driving Pass**  INDOOR 16/07/2001

**Driving Experience** 

17 YEARS AND 3 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97661551

Fax Number

Contact Number

OFFICE-97661551

**EMail Address** 

NOEMAIL

Address

**BLK 464 TAMPINES STREET 44** 

#01-118

Postcode

520464

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

SIDE SWIPE

Weather Conditions

**CLEAR** 

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

National States

**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 STATEMENT.

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

SHID55D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

S1772938A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

#### Accident Sketch Plan

#### SKETCH PLAN

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- J by the loggment 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)

Funderstand, 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 vehicles) 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" |
- 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. Taw enforcement and government agencies as reasonably required for the purposes stated, or

(iii) for complying with requirements under any regulations, laws or court orders.

Posicyholder's Se

Date & Tone

Driver's Menature

(If driver is not the policyholder)

Date & Tone

Reporting Centre Pessa un's Suprature Name

NRIC/FIN NO

# **Accident Sketch Plan**

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		COCATE NO 18/20/00 AND ADDRESS TO AND ADDRESS TO AND ADDRESS TO AND ADDRESS AN	200000000000000000000000000000000000000

Drives Signature (if driver is not the policyholder) Date & Time

Reporting Centre Person Name NRIC/FIN No The Court from of SHP SER

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has he did now property for himself to

Place I that of Acceptan 1/11/18

The street of the good from the

I, Poh Hock Chuan, Priver of SHDSSB

(S1772938A) Date & Ame & Accident 12/11/18

(S1772938A) Date & Ame & Accident 12/11/18

140pm

agree that the collision of vehicle SHE9801K

(a)Lor Mydin

was due to My negligence for failing to

Check on coming tradfic & result & in the

Vehicle (SHE9801K) colliding upon opening the

driver's Loor. All claims will be handled by Mr Poh

as agreed privately.

(Rus CDRING of SME 9801R) Kieray Ton (SGZ103565)

Poh Hoch Chuen (82002967)

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