#### 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

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	21/11/2018 16:39	
Date Of Accident	20/11/2018 21:00	
Exact Location Of Accident	SLIP ROAD TURNING LEFT TO BOUNDARY ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLS9685Y	
Insured/Policyholder		
Name Of Registered Owner	CHYE GEOK ENG	
NRIC No	S0034704C	
Email Address	ALEXCHEONG93@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96620921	
Alternative Phone No	OTHERS-97860279	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	CX-5	
Exact Purpose for which vehicle was being used at time of accident	SHOPPING	
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 A 29035014 QMX

Cover Note Number

**Driver** 

Name of Driver CHEONG GUO WEI, ALEX

NRIC No S9318964G
Date Of Birth 01/06/1993
Occupation INDOOR
Date Of Driving Pass 25/03/2014

Driving Experience 4 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97860279

Fax Number

Contact Number OTHERS-96620921

EMail Address ALEXCHEONG93@GMAIL.COM

167 MOULMEIN ROAD Address

#05-04

Postcode 308092

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface WET

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

NO

2

NAME:

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

GENDER: : FEMALE

: GIRLFRIEND

**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)

Remarks/ Reasons:

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

**FILE TOO LARGE** 

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SFS1618R Vehicle Registration Number Vehicle Make/Model/Colour NISSAN

**Details Of Properties** 

PRIVATE CAR Vehicle Category LOO KOOI PENG Name of Driver

S1794990Z NRIC/Passport Number **Contact Number** 97871618

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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  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:
  - 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:
  - 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: Driver's Signature

(If driver is not the policyholder)

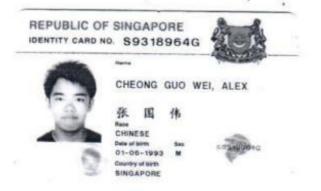
Date & Time: 21 NOV (9)

Reporting Centre 96

NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCH PLAN		
	2. BOUNDAKT HO	
Mr Lyor SFS 1618R	My car SCS 96d5 Y	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Exit from side road	at night. Bumped into the rea	r of car infant
DECLARATION  I/We declare the foregoing partic	culars are true in every respect.	21/4/2018
Policyholder's Signature Date & Time:	Oriver's Signature (if driver is not the policyholder) Date & Time: 2   NOVI &	Reporting Centre Bessonne's Signature Name: NRIC/FIN No.: KOO A! WAYOOS









YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motor Cars=< 3000kg with =<? passengers, exclusive 25 Mer 2014 of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE





















