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

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 afforms and the copies of the report and the copies of the report and the copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and to copies of the report at the centre and the copies of the report at the centre and the copies of the report at the copies of the report at the copies of the report at the copies of the co		ent to the archiving of this report at the centre and to copies of the report being made available
		ACCIDENT STATEMENT
	Date Of Report	26/11/2018 16:02
	Date Of Accident	25/11/2018 10:30
	Exact Location Of Accident	NUSS GUILD HOUSE @ KENT RIDGE DRIVE
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SGJ892G
	Insured/Policyholder	
	Name Of Registered Owner	SO BEE SOON
	NRIC No	S1604866F
	Email Address	CHUAYONGHENG@GMAIL.COM
	Mobile Phone No	(LOCAL) +65-98275988
	Alternative Phone No	OTHERS-98189660
	Vehicle Particulars	
	Manufacturer	TOYOTA
	Model	VIOS
	Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
	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

Driver

Fleet Policy Policy Number

Cover Note Number

Name of Driver CHUA YONG HENG
NRIC No S1230401C

B 28972182 TMP

NO

Date Of Birth 24/03/1957
Occupation INDOOR
Date Of Driving Pass 25/07/1984

Driving Experience 34 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98189660

Fax Number

Contact Number OTHERS-98275988

EMail Address CHUAYONGHENG@GMAIL.COM

53A PASIR PANJANG HILL Address

118869 Postcode

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 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? I have been approached by unknown person(s) YES NO

soliciting/offering accident claims assistance.

0

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

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 Witness 1

Name MUN CHOON KUAT

98175257 Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

SLB6552G Vehicle Registration Number Vehicle Make/Model/Colour **BMW WHITE**

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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.
- 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.
- 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.
- The 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.
- 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:
 - 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: 26 | 11 | 2018

eporting Centre Personnel's Signatu

NRIC/EIN NO - NE

Accident Sketch Plan

SW. W	on partial.		
	CON WAR PARKED.		
UNK	Mann Con		
RIBE CIRCUMSTANCES O	OF THE ACCIDENT		
	25 Nov 2018 at about 10:30 am I pouled my Girld House @ KentRidge Didue.		
	the saild House I sow my can near bunger		
Turbard cow	and them a note from a witness that		
"It was know	. WINE stalk p up bec		
There is a Ni	topidesuni m trises at grillius a sur homo ecentia		
initress:	Mr Man Choon Kunt		
FS : 4817 5257			
ARATION declare the foregoing particu	ulars are true in every respect. A solubeul		

HI, Do

My name is MUN and I saw a white BMW crashed on you vear humper and draw off shortly

Only imaged to took a plate at the av and Frould said to you if you require.

Contact me at 9817 5257 and I will send you the photo.

MWN

































