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

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	30/11/2018 17:47			
Date Of Accident	20/11/2018 09:30			
Exact Location Of Accident	AT 926 UPPER THOMSON ROAD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLE7161D			
Insured/Policyholder				
Name Of Registered Owner	TAN ENG HUAT			
NRIC No	S0179829D			
Email Address	IDY_LEOGAL@HOTMAIL.COM			
Mobile Phone No	(LOCAL) +65-92715559			
Alternative Phone No	OTHERS-96338630			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	COROLLA ALTIS-1.6 (A)			
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	D 29086367 QMY			
Cover Note Number				
Driver				

Name of Driver TAN ENG HUAT

NRIC No S0179829D

Date Of Birth 21/10/1954

Occupation INDOOR

Date Of Driving Pass 08/01/1976

Driving Experience 42 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92715559

Fax Number

Contact Number OTHERS-96338630

EMail Address IDY_LEOGAL@HOTMAIL.COM

Address BLK 174 YISHUN AVENUE 7

#11-845

Postcode 760174

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

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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

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

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 (TYPE OF COLLISION DAMAGE WHILE REVERSING)

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 SMC4121M

Vehicle Make/Model/Colour HONDA SHUTTLE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHUA SIONG GHEE

NRIC/Passport Number S6905562A Contact Number 94313226

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:
 - (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

30 11 18 + 4-40 pm

Driver's Signature (If driver is not the policyholder)

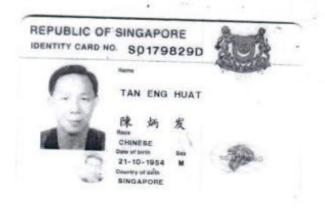
Date & Time:

Reporting Centre Personnel's Signature Name:

CARRIE Septimentaria V

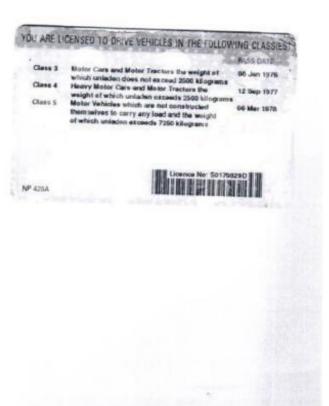
Accident Sketch Plan

SKETCH PLAN	926 UPPER THON	uson Ro	AO
	SHOP HOUSES		
1	XI/XI/ATI/XI/		
	Consteachon	SITE	A) SUE 71615 B) SMC 4121
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT		
Driver was reverse	my out of parking lot , feet a	a burno and o	the med of the
	1 4121 M was behind.		
ECLARATION We declare the foregoing par	ticulars are true in every respect.		
\$365.		21/21	lu / 2014 personnyl's sylmatury
olicyholder's Signature	Driver's Signature	_ AV OV	and the state of
ate & Time:	(If driver is not the policyholder)	Name:	VAC MATTER
30111112 4. 4000	Date & Time:	MRIC/EIN No	CONOLI VINOVOI





























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 Houra: Monday to Friday, 09:00 – 17:00
UEN: 566550020d / GST Reg. No.: M400017735

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

1 2 ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: NRIC/FIN/Passport No : Name(as shownin NRIC) :_ (*Vehicle Driver (Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Email Address Date of Accident Time of Accident : Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 6 SMC 4/21M Policyholder / Driver's Signature Reporting Centre, Personnel's, Signature Name: Date: NRIC/FIN NO Date: