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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	ACCIDENT STATEMENT		
Date Of Report	26/10/2018 17:15		
Date Of Accident	25/10/2018 07:00		
Exact Location Of Accident	ENTER KPE TUNNEL FROM DEFU LANE		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLD2244L		
Insured/Policyholder			
Name Of Registered Owner	PAUL JOSEPH		
NRIC No	S2692385I		
Email Address	TP9966@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-91005612		
Alternative Phone No	OFFICE-91005612		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	E230-2.5 (A)		
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK		
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	A29065558QMY		
Cover Note Number			
Driver			
Name of Driver	TERESA JOSEPH		
NRIC No	S6980646E		

Date Of Birth 30/05/1969 **INDOOR** Occupation **Date Of Driving Pass** 09/01/1998

Driving Experience 20 YEARS AND 9 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91005612

Fax Number

Contact Number

EMail Address TP9966@GMAIL.COM Address 47 ELIAS TERRACE

Postcode 519796

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

Was any other material or property damaged? YES

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

bliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : MARILLYN (CHILDREN)

GENDER: : FEMALE

Passenger 2 NAME: : ANN -COLLEAGUE

GENDER: : FEMALE

Passenger 3 NAME: : KIARA (CHILDREN)

GENDER: : FEMALE

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 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 SKT842B
Vehicle Make/Model/Colour NISSAN

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver COLIN YEUH

NRIC/Passport Number

Contact Number 97848182

Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 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 (all 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 invoive 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)

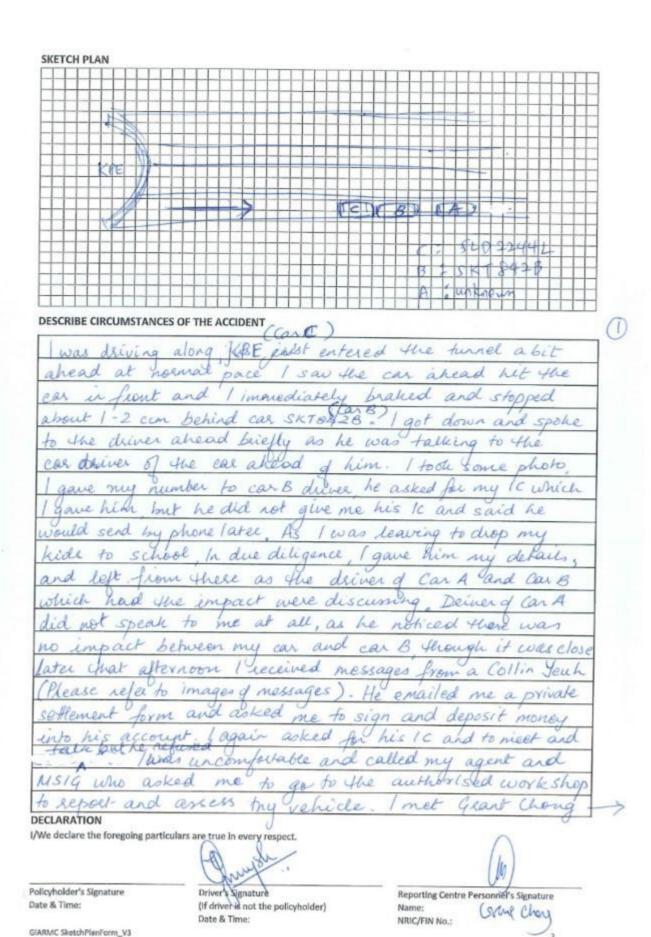
Date & Time:

Reporting Centre Personnel's Signature

Name:

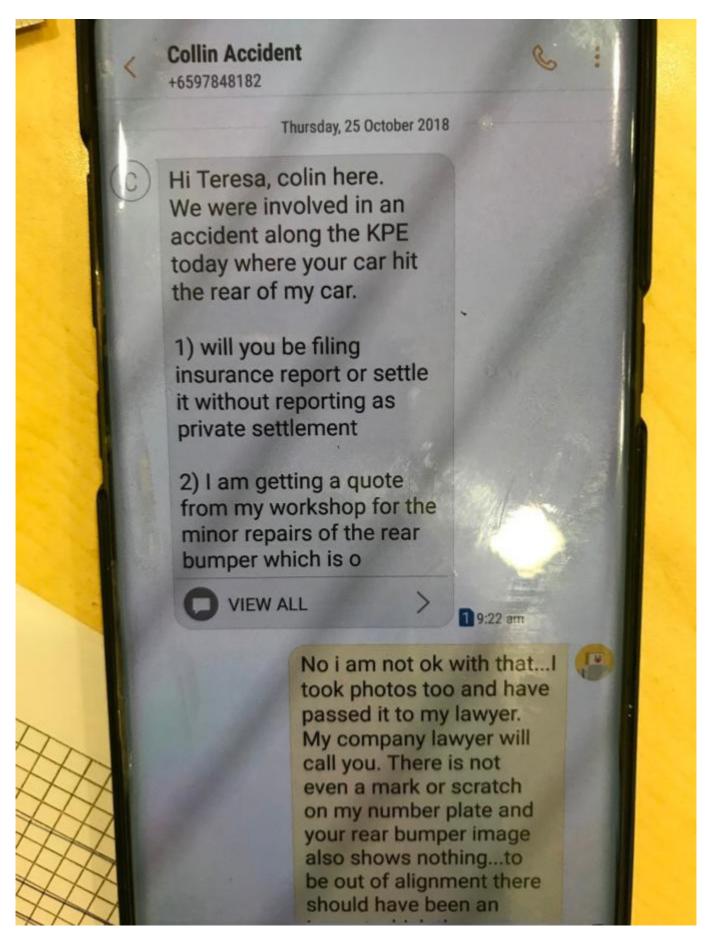
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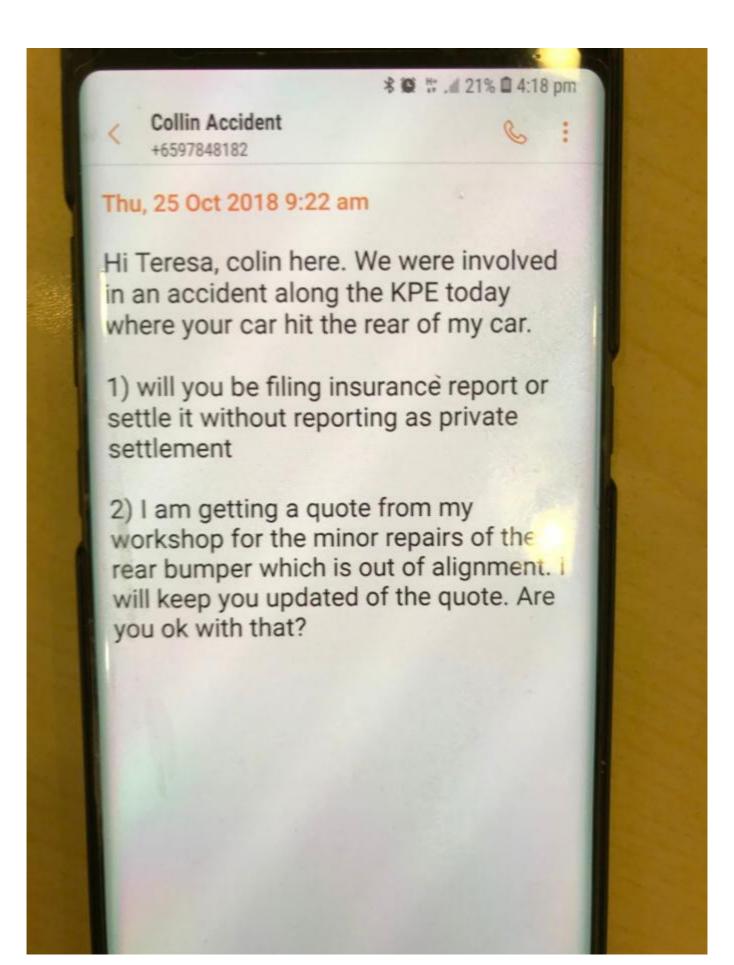
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GIARMC SketchPlanForm_V3





Collin Accident +6597848182

Thu, 25 Oct 2018 9:28 am

No i am not ok with that...I took photos too and have passed it to my lawyer. My company lawyer will call you. There is not even a mark or scratch on my number plate and your rear bumper image also shows nothing...to be out of alignment there should have been an impact which there wasnt. We will write in to Ita to seek camera footage if necessary. Do you have rear camera footage? I did not reverse my car at all so as is..there is nothing..you could have had this previously on your fender. Sorry but as I see it there is nothing to claim. Are you the owner of the car?

