### 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

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	ACCIDENT STATEMENT
Date Of Report	03/12/2018 18:19
Date Of Accident	17/11/2018 14:00
Exact Location Of Accident	ALONG EAST COAST ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH3201H
Insured/Policyholder	
Name Of Registered Owner	LOKE PUI WAI CYNTHIA
NRIC No	S7346627Z
Email Address	LOKEPUIWAI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98154672
Alternative Phone No	OTHERS-98154672
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
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	THIRD PARTY
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 29098021 QMY
Cover Note Number	
Driver	

Name of Driver LOKE PUI WAI CYNTHIA

 NRIC No
 \$7346627Z

 Date Of Birth
 20/12/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 06/12/1996

Driving Experience 21 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98154672

Fax Number

Contact Number OTHERS-98154672

EMail Address LOKEPUIWAI@HOTMAIL.COM

26 JALAN RENDANG Address

428357 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

NO

#### **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? NO 2 Number of vehicles involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

#### **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?

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?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGH8334J Vehicle Make/Model/Colour **TOYOTA RAV 4** 

**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

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- 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:
  - (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

3 Dec 2018

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

### **Accident Sketch Plan**

KETCH PLAN ACCI		- 10 - 1111	ACCIDENT(2)
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[A] '	( B) SGH 8	3345	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
		ale Est	and Dand Ar W
	car A was travelling		toad, His there
	parked at the si		h. 1. 1.1.1
	to filte to the		
	car B acceleration		
pass. Car B	hence knocked		
	. So both c	ars stopped	along the road.
	ver agressive		
me Instrad	claimed that	Car A caused	extensive
damage to	his par mirro	r Which I b	elweit's an old
damare. So	I did not a	olced him to	settle as 1
			licence or informeri
Was exchange			
The state of the s	happened as car	A was movin	ig out behind
car B. CAY		ished agains	-
of car B.	Buth stopped to	exchange deta	
Car B Was		ive. refused	to pettle, and
	1. 01	sisted that	I show him my
driver licens	1 0		s license CarAtold
ar's to lay do	- 11	the chair	since CarB did not
			sleing pictures of
Car A owner	0		nim to stop taking
DECLARATION	for no reason. So	CA. II TOICE	TIM TO FLOOD TAILING
	rticulars are true in every respect.		Byre
Link		av	03/10/2068
olicyholder's Signature	Driver's Signature	Reportin	g Centre Personnel's Signature
3 DLC 2018	(If driver is not the policyhold Date & Time:	er) Name: NRIC/FIN	No: Koff, UNION
LATUAL SAMPSPRANTER VA	Contract the contract of the c	inni, frin	1 10 000

### **Accident Sketch Plan**

D	ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
L	Photos which is irrelevant to the accident. So Iar A trie
L	to stop him from taking pictures. Car & owner then we
	his hands and fire to push Confr back and started
	Shouting agreenively. Car A knew that she was in
	danger from Car & aggressine behaviour. So Car A
1	told him to calm down but he refused to and
1	Insisted that car A show the license So Car A
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ŀ	it back and warned car A not to touch it
L	After that, can B stormed off and said he
	Wil report police. Nothing was Settled.
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	DECLARATION  /We doclare the foregoing particulars are true in every respect.
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