#### 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	08/12/2018 11:55	
Date Of Accident	28/11/2018 09:30	
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD4355E	
Insured/Policyholder		
Name Of Registered Owner	EAST TECH GLASS SERVICES & CONSTRUCTION PTE LTD	
Co Reg No	200405873M	
Email Address	ENQUIRY@ETGLASS.COM.SG	
Mobile Phone No	(LOCAL) +65-98642623	
Alternative Phone No	OFFICE-68446485	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	DYNA	
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	A 29074966 MKC	
Cover Note Number		
Driver		
Name of Driver	WONG FOK WAH	
NRIC No	S7288899E	
Date Of Birth	13/06/1972	
Occupation	OUTDOOR	

Occupation **OUTDOOR Date Of Driving Pass** 28/12/2011

**Driving Experience** 6 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98642623

Fax Number

Contact Number OFFICE-68446485

**EMail Address** ENQUIRY@ETGLASS.COM.SG Address BLK 119 MCNAIR ROAD

#05-115

Postcode 320119

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

**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
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

Was any other material or property damaged? YES

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

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME: : WORKING PARTNER

GENDER: : MALE

Passenger 2

NAME: : WORKING PARTNER

GENDER: : MALE

**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

#### **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 OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number PC2006R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

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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- 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)
  - (i) 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre

# **Accident Sketch Plan**

KETCH PLAN	one ha houseld cot	
	DI COL	
		- D) GBO 4355 F
		(B) GBD 4355 E (B) PC 2006 R
SCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
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CLARATION		
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yholder's Signature	Driver's Signature	Reporting Centre Personnel's Sighature I
& Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.: 1001 WITHOUT NAME:

#### **LETTER**



MSIG Insurance (Sinoapore) Pte 1 td ICn Rec No 20041221223 4 Sherilun vvay, #21-01 SGA Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

Your Ref

GBD4355E

Our Ref

577659 (Please quote our reference when replying)

03 Dec 2018

URGENT

EAST TECH GLASS SERVICES & CONSTRUCTION PTE. LTD. 1080 EUNOS AVENUE 7 #01-161 SINGAPORE 409583

Malaysia Ah Wah

Dear Sir/Madam

Accident involving GBD4355E and PC2006R along ALONG PIE TOWARDS CHANGI

Policy No

29074966MKC

Date of Accident 28 Nov 2018

We have received a property damage claim from Connect3 acting on behalf of the owner of PC2006R. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

Driving license

2 Identity card

3. Police geport, if any (1/4) that if the fill if you have already filed an accident report, please accept our thanks and ignore this reminder. Auny

Thank you.

Yours sincerely

Chhia Nyuk Pui Senior Executive Claims Services (Motor)

Fax

6594 2521

+65 6827 7800

Email

nyukpui\_chhia@sg.msig-asia.com

CC

: Jin Li Pte Ltd

A Member of MS & AD INSURANCE GROUP



























