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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	11/12/2018 12:50
Date Of Accident	10/12/2018 08:15
Exact Location Of Accident	ALONG HOLLAND ROAD OUTSIDE BELMONT ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDG9978K
Insured/Policyholder	
Name Of Registered Owner	KHOR POH HWA
Co Reg No	_
Email Address	THIOCHRISTINA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96550507
Alternative Phone No	OFFICE-96550507
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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 28827818 QMY
Cover Note Number	
Driver	
Name of Driver	THIO SHU-MAN CHRISTINA

NRIC No S8007043H Date Of Birth 14/03/1980 Occupation **INDOOR Date Of Driving Pass** 18/08/2006

Driving Experience 12 YEARS AND 3 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96550507

Fax Number

Contact Number

EMail Address THIOCHRISTINA@GMAIL.COM

30 MOUNT ELIZABETH Address

#02-32

Postcode 228519

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DAUGHTER IN LAW

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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 NO

ambulance? Was any other material or property damaged?

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

YES NO

Number of Passengers (Including Driver) 1

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

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 NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

1

SDN6064E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LEW FAN JONG S7001624I NRIC/Passport Number

Contact Number 97558835

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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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 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

11 Dec 2018

(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

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	ALONG	HOMBNO	ROMO	ounside	BELLMONT	RODO
		1 1	27			
			A21			
A) SD499 B) SDN 606	2K	I AI	82			
B) SON 606	4E	1,-1				
			BI			
DESCRIBE CIRCUMSTAN			- 4			_
Along Holland	1 Road at	the traffic	Merse	chion turn	my into	
Belmout Roa	id. I was	on the cer	the lan	e Fittena	g into the	
outer land.	gave the	e right sic	qual an	a fiftewar	d across.	
out of a s	judden, th	eve was a	a hit i	onto my	ear's	
right back	bumper,					
						-
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						_
255 1215 221					7	
DECLARATION I/We declare the foregoing:	particulars are true in e	every respect.				
	Ch	1	5018-	al.	ulplade	2
Policyholder's Signature Date & Time:	Driver's Sig (If driver is Date & Tin	not the policyholder)	1	Reporting Centre Per Name: NRIC/FIN No.:	songel's Signature	THOS
CONTRAC SAME PROFESSION (C)	2019 12 1111					





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HHE NA SB007043H

INDONESIAN 11-03-2010

30 MOUNT ELIZABETH #02-32 SINGAPORE 228519

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the dileter; and other motor vehicles without clutch pedals =< 2500kg

NP 428A































