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	13/12/2018 17:52			
Date Of Accident	12/12/2018 13:20			
Exact Location Of Accident	LOADING/UNLOADING AREA BESIDE BLK 616 SENJA ROAD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SMF3130C			
Insured/Policyholder				
Name Of Registered Owner	NGIAM ZI HUI FELICIA			
NRIC No	S8734748F			
Email Address	AVCLAIMS@MYCARWORKSHOP.COM			
Mobile Phone No	(LOCAL) +65-93399270			
Alternative Phone No	OTHERS-96736934			
Vehicle Particulars				
Manufacturer	ТОУОТА			
Model	CAMRY			
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	THIRD PARTY FIRE AND/OR THEFT			
Fleet Policy	NO			
Policy Number	A 29098237 QMX			
Cover Note Number				
Driver				

Name of Driver NGIAM THONG YEAP SAMUEL

NRIC No S1216723G
Date Of Birth 25/06/1956
Occupation OUTDOOR
Date Of Driving Pass 20/06/1978

Driving Experience 40 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96736934

Fax Number

Contact Number OTHERS-93399270

EMail Address AVCLAIMS@MYCARWORKSHOP.COM

28 JALAN ZAMRUD Address

668621 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **PARENT**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLIDED INTO PARKED VEHICLE**

Weather Conditions **CLEAR** DRY Road Surface

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 YES

2

Was any other material or property damaged?

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

NO 1

Number of Passengers (Including Driver)

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

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 SLV4283R Vehicle Make/Model/Colour MAZDA

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver WILLIAM TAN NRIC/Passport Number S7070932E **Contact Number** 96508417

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 0

Accident Sketch Plan

SKETCH PLAN

VM A: SWF 3130 C

Veh B: SLV 4283R

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 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DISTAILS.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signa

Name:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN			
eh A: SMF 3130 C			
eh B: SLV 4383 R			
		Bik 614	
		/ A	
		2 A S	
	Smi	in Rd	->
	Lan	ding Vinlanding	
	Ara	m (10 1/2)	4
		BIK 616	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
While I reverse by	Vehicle and cont	ided to Vehicle B.	
)	***************************************	
			-
ECLADATION			/
ECLARATION	culars are true in more recent	/	
we deciare the foregoing part	culars are true in every respect.		. /
	A		1/2/20
	Vr.	16	112/08/8
olicyholder's Signature	Driver's Signature	Reporting Centre Persons	iet's signature . //a
ate & Time:	(If driver is not the policyho	older) Name: K6	2821 WH 100
	Date & Time:	NRIC/FIN No.:	





























