#### 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	17/12/2018 16:40
Date Of Accident	16/12/2018 21:15
Exact Location Of Accident	JUNCTION DEFU LANE AND HOUGANG AVENUE 7
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD5425A
Insured/Policyholder	
Name Of Registered Owner	LIWAN YUEN HIN
NRIC No	S1792863E
Email Address	DRADLYH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90484636
Alternative Phone No	OTHERS-90484636
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 29093744 DMA
Cover Note Number	
Driver	

Name of Driver LIWAN YUEN HIN NRIC No S1792863E Date Of Birth 06/08/1967 Occupation **INDOOR Date Of Driving Pass** 16/05/1996 **Driving Experience** 22 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-90484636

Fax Number

**Contact Number** OTHERS-90484636

**EMail Address** DRADLYH@HOTMAIL.COM

**BLK 319 HOUGANG AVENUE 5** Address

#09-23 530319

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

### **General Information of the Accident**

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface WET

#### Other Information

Postcode

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? YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

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

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

NAME:

Vehicle Registration Number SKZ5014K

Vehicle Make/Model/Colour TOYOTA SIENTA

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver NG

NRIC/Passport Number

**Contact Number** 96156469

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

GENDER:

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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, involces, 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
  - (ii) for complying with requirements under any regulations, laws or court orders.

Liwan Yuen Hin 17.12. 2018

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Per

NRIC/FIN No.:

### **Accident Sketch Plan**

SKETCH PLAN				
Defu Lane PAN	Tampines	Housan	5 Are 7	
^				
		1		A) SMD 5425A
point of a	codent			B) SKZ5014K
DESCRIBE CIRCUMSTANCES OF TH	IE ACCIDENT			
On 16 Dec 2018	act the	tre Chi	+ 1	ek I
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in front of me		9		
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banked to				a Cumany
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out to tex	o pictures	and disa	us with m	e.
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in time.	polic 1	epos made	by both,	parties at this pt
No ambulane	e no t	raffic poli	ce	
			-	
DECLARATION				
I/We declare the foregoing particulars an	re true in every re	espect.		
( won 12/ 120	Olyman	14/12/20		17/1/2018
	Driver's Signature	779.00	Beporting Centr	re Personnel's Signature
	(If driver is not the Date & Time:	policyholder)	Name: NRIC/FIN No.:	Kell Unitor



























