

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 withholding 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	24/12/2018 10:20
Date Of Accident	22/12/2018 21:20
Exact Location Of Accident	CORPORATION DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF451X
Insured/Policyholder	
Name Of Registered Owner	CHEW SOH WHEE
NRIC No	S7124131I
Email Address	CHEWSOHWHEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98433183
Alternative Phone No	OFFICE-98433183

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 7 1.4 TSI CL EQP
Exact Purpose for which vehicle was being used at time of accident	
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	A2910 1058 AV2
Cover Note Number	

Driver

Name of Driver	CHEW SOH WHEE
NRIC No	S7124131I
Date Of Birth	23/07/1971
Occupation	INDOOR
Date Of Driving Pass	11/06/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98433183
Fax Number	
Contact Number	OFFICE-98433183
Email Address	CHEWSOHWHEE@YAHOO.COM

Address	236 WESTWOOD AVENUE #01-40
Postcode	648362
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

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 (including own vehicle) 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
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : HENG YING YING GENDER: : FEMALE
Passenger 2	NAME: : HENG RUO WEI GENDER: : FEMALE
Passenger 3	NAME: : HENG EN QI GENDER: : FEMALE
Passenger 4	NAME: : HENG XIN NUO GENDER: : FEMALE

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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO SIZE FILE EXCEEDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP3637S
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	LIM AH CHANG
NRIC/Passport Number	S0973081H
Contact Number	9011 5987
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

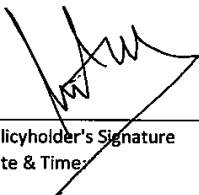
SKETCH PLAN

IMPORTANT NOTICE

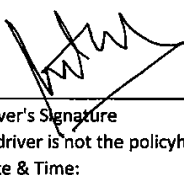
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

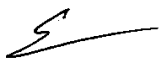
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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 may 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
Date & Time:

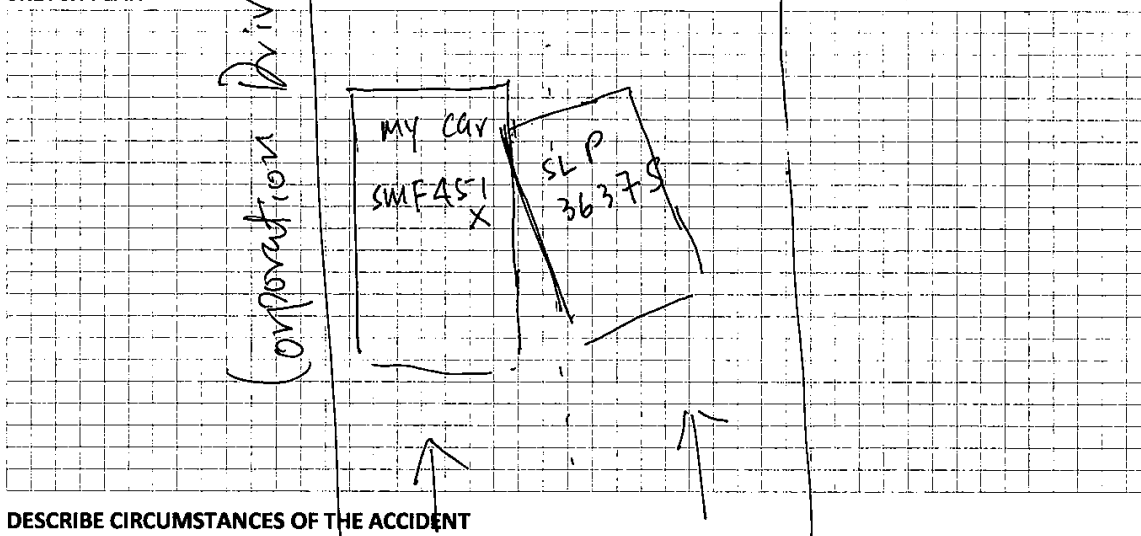


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

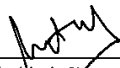


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

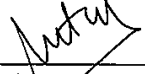
I was driving
 It was a little past 9pm on 22 Dec 2018. I was driving slowly on the left lane of Corporation Drive, towards Corporation Road. Prior to approaching the part that meets Kang Uing Road, a car was seen coming out of it, intending to turn ^{right} into Corporation Drive. I continued my drive on my left lane.
 Suddenly, a car from behind came really close to me on my right. I instinctively swerve to my left till I hit the ~~kerb~~ kerb momentarily and soon after my right side mirror and the area below was hit by that car. The impact continued for a while before he pulled away from my car and sped off to go in front of me. I honked at him for quite a while before he finally stopped at a bus-stop in front.


DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:

24 Dec 2018
 10:55 am.


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:


MSIG

Insurance (Singapore) Pte. Ltd.
 11, South Bridge Road, # 21-01, SGX Centre 2, Singapore 068807
 Tel: +65 6827 7888, Fax: +65 6827 7800
 No. 200412212G GST Reg. No. 20-0412212G

VW DriveEasy2**THE SCHEDULE**

Policy Number	Period of Insurance	Place of Issue
A 29101058 AV2	25/10/2018 to 24/10/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Chew Soh Whee (Zhou Suhui) 11 Wood Avenue #11-40 Singapore 648362		30/10/2018
		Account Number
		156346
Premium	GST	Total Due
SGD1,769.63	SGD123.87	SGD1,893.50

RISK NUMBER 1**VW DriveEasy2****OCCUPATION**

Planner

FINANCIAL INTEREST

DBS Bank Ltd
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO.	SMF451X	SUM INSURED	MARKET VALUE
MAKE/MODEL	Volkswagen Touran 1.4 TSI	INCL. COE/PARF	YES
ENGINE NUMBER	CZD175761	OFF-PEAK CAR	NO
CHASSIS NUMBER	WVGZZZ1T2KW003579	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2018	GOOD DRIVER'S	
CAPACITY	1395 C.C.	DISCOUNT	SGD46.51
SEATING CAPACITY	7 (INCL. DRIVER)	NCD PROTECTOR	COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD1,000
		ANNUAL PREMIUM	SGD883.60

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Chew Soh Whee (Zhou Suhui)

Sketch Plan #4



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

