M/CMM18165726 / Chin Meng Molors - HQ ENTRY DATE & TIME: 26/12/2018 15:06 SUBMITTED BY: QUEK KIM SENG

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number Fax Number Contact Number

EMail Address

- 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.

- The issue and acceptance of this Form by insurance companies is the state of the state of the state of the Police for investigation.
   Any false reporting may be referred to the Police for investigation.
   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.

	ACCIDENT STATEMENT
Date Of Report	26/12/2018 15:06
Date Of Accident	24/12/2018 15:40
Exact Location Of Accident	PIE (CHANGI) TOWARDS CTE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDB301Z
Insured/Policyholder	
Name Of Registered Owner	ONG TECK SONG
NRIC No	S120Q188F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96383585
Alternative Phone No	OFFICE-96383585
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200-1.8 (A)
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D-18089525MVPC
Cover Note Number	
Driver	
Name of Driver	KHIN THIDA WIN
NRIC No	S8376496A
Date Of Birth	12/12/1983
Occupation	INDOOR
Date Of Driving Pass	17/11/2004
Driving Experience	14 YEARS AND 1 MONTH

FEMALE

NOEMAIL

(LOCAL) +65-91899084

# 1/ 4

Address

72 LORONG MELAYU

Postcode

416975

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CIFAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? 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)

Passenger 1

NAME:

: TBA

GENDER:

: MALE

Passenger 2

NAME:

: TBA

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

ON 24/12/2018 AT ABOUT 3,40PM, WHILST TRAVELLING ALONG PIE (CHANGI) TPWARDS CTE NEAR LAMP POST 635518F, VEHICLE B (XD3694Y) FROM MY RIGHT SUDDENLY CUT INTO MY LANE AND HIT THE RIGHT SIDE OF MY VEHICLE A (SDB301z)

### 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

XD3694Y

Vehicle Make/Model/Colour

VEH B

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 14

Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

# 3/ 4

### Accident Sketch Plan Pg. 1

### SKETCH PLAN

### IMPORTANT NOTICE

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- The 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
- By the ladgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of thu 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 workshoo and the General Insurance Association of Singapore ("SIA") 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. provided by the or possessed by my insurer (collectively the "Personal mormation") and disclose and transitional area. Personal information to all insurer(s) who have insured wehicle(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/low firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, harding and/or dealing with my claims including the sottlement of the claims and any necessary investigations relating to the claims.
  - (iii) investigating the accident and/or my claims:
  - [tii] 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 cloims. (collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/hav firms, may/ere 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 is present and all future claims
- (e) the Information so collected under (d) above may be shared / disclused:
  - (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

(iii) for complying with requirements under any regulations, leves or court orders.

State & Time

Driver's Signature

(if driver is not the policyholder)

Date & Timer 26/12/18

10:348M

Beauting Centre

Name: NRIE/FIN MO.:

QUEK KIM SENG

SCHRAL SancyPlanForm VI

## Accident Sketch Plan Pg. 1

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