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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	09/01/2019 12:34
Date Of Accident	09/01/2019 11:30
Exact Location Of Accident	JUNCTION OF JALAN BUROH AND PENJURU ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EK90Y
Insured/Policyholder	
Name Of Registered Owner	TAN BROTHERS INSURANCE AGENCIES PTE LTD
Co Reg No	197500491N
Email Address	EDWIN.TAN@TPSGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-93388201
Alternative Phone No	OFFICE-62201822
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO CUSTOMER OFFICE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	A 29092842 MCX
Cover Note Number	
Driver	
Name of Driver	EDWIN TAN YEW HOCK (EDWIN CHEN YOUFU)

S8201531J NRIC No Date Of Birth 01/01/1982 Occupation **INDOOR Date Of Driving Pass** 25/04/2003

Driving Experience 15 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93388201

Fax Number

OFFICE-62201822 Contact Number

EMail Address EDWIN.TAN@TPSGROUP.COM.SG Address BLK 338 HOUGANG AVENUE 7

#01-405

Postcode 530338

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

ambulance?

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

NO YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

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 XB3160M Vehicle Make/Model/Colour MITSUBISHI

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MOGNAVALL S/O ARIAPPAN

NRIC/Passport Number S6931748J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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)
 - (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 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
- (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.

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Accident Sketch Plan

	A EKROY
	57 B X B 2160M
ALAN BURCH	
CRIBE CIRCUMSTANCES	S OF THE ACCIDENT
WAS TURNIN	NG RIGHT INTO PENJURU ROAD FROM JALAN BUR
HEN I FELT	A HARD IMPACT ON MY LEFT. THE VEHICLE
ERKED & 1	NEARLY LOST CONTROL OF IT.
	THEY EDST COMMON OF THE
SWSURANCA	
VARATION	ticulars are true in every respect.
VARATION SECTION DATE	ticulars are true in every respect.



































