

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	11/01/2019 13:53
Date Of Accident	10/01/2019 11:00
Exact Location Of Accident	BEDOK SOUTH AVE3 TWDS TANAH MERAH KECHILRD DIR TLJ
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8374E
Insured/Policyholder	
Name Of Registered Owner	NG MUI YIAH EILEEN
NRIC No	S1538056Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96622951
Alternative Phone No	OTHERS-96622951

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 300
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	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	B 29086615 QMX
Cover Note Number	

Driver

Name of Driver	NG MUI YIAH EILEEN
NRIC No	S1538056Z
Date Of Birth	04/10/1962
Occupation	INDOOR
Date Of Driving Pass	29/02/2000
Driving Experience	18 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96622951
Fax Number	
Contact Number	OTHERS-96622951
Email Address	NOEMAIL

Address	78 TANAH MERAH KECHIL AVENUE #01-01 OPTMA @ TANAH MERAH
Postcode	465538
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLN2687P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHU GEK HONG
NRIC/Passport Number	
Contact Number	91092686
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD2146A
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GBD4366Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG MUI YIAH EILEEN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKK8374E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

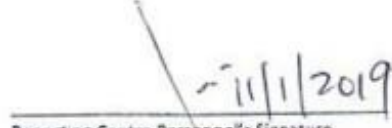
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


Policyholder's Signature

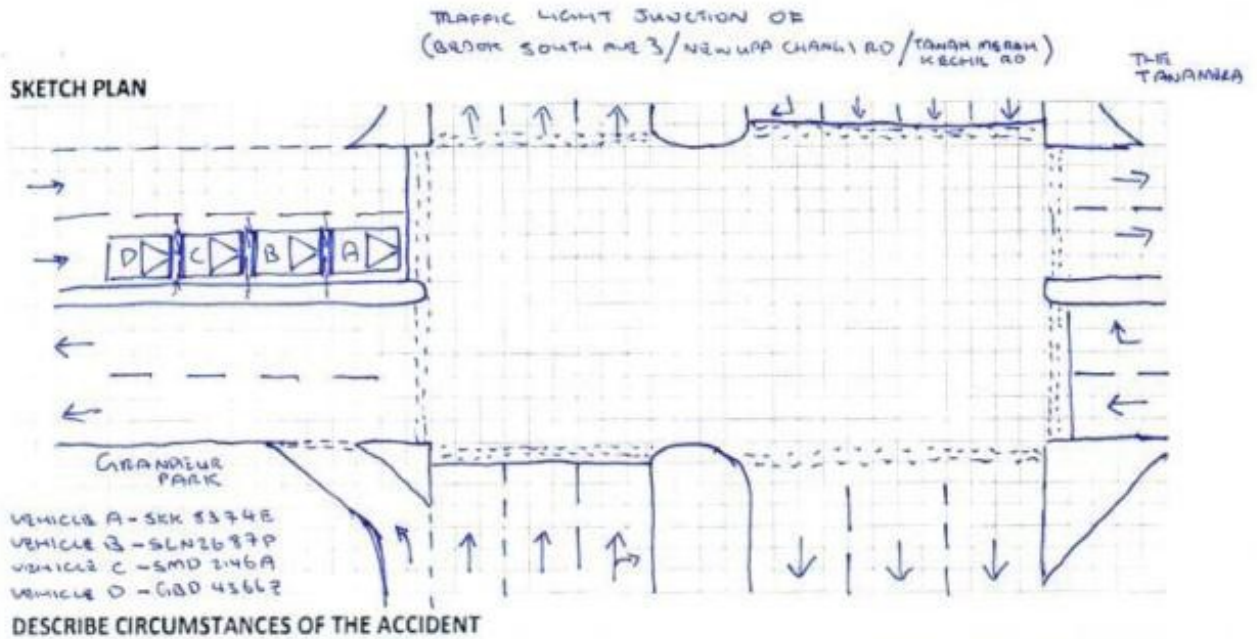
Date & Time:


Driver's Signature

(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2



I WAS STATIONARY STOPPED AT THE TRAFFIC LIGHT JUNCTION.
IT HAPPENED WHEN I WAS MOVING OFF, I WAS ON THE RIGHT LANE.


WHILE I WAS PICKING UP SPEED, SUDDENLY I FELT A GREAT IMPACT FROM
THE REAR OF MY VEHICLE. THE IMPACT CAUSES ME PUSHED FORWARD.


ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE
WITH LICENSE PLATE NUMBER (SLN 2687 P) THAT COLLIDED TO THE
REAR OF MY VEHICLE WHEN I WAS IN A STATIONARY POSITION.
AND IT WAS CHAIN COLLISION INVOLVING OF 4 VEHICLES.


VEHICLE A - SKK 8374 E
VEHICLE B - SLN 2687 P
VEHICLE C - SMD 2146 A
VEHICLE D - GBD 4366 Z

DECLARATION

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


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 #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1538056Z



Name
EILEEN NG MUI YIAH
黄美霞
Race
CHINESE
Date of birth
04-10-1962
Sex
F
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1538056Z
Name
EILEEN NG MUI YIAH
Birth Date: 04 Oct 1962
Issue Date: 20 May 2004




4240921



NPIC No. S1538056Z



Date of issue
12-06-2008
78 TANAH MERAH KECHIL AVENUE #01-01
OPTIMA @ TANAH MERAH SINGAPORE 465538
S1538056Z 22/05/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/trucks <= 2700 kg	29 Feb 2008
Class 4 Heavy motor cars and motor tractors > 2500 kg	28 May 2008

S / No. 9000107318
S1538056Z
NP 425A
Licence No. S1538056Z



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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