SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

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 <u>truthful and accurate</u> 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

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10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10.20 10	ACCIDENT STATEMENT
Date Of Report	10/12/2018 13:02
Date Of Accident	27/11/2018 09:50
Exact Location Of Accident	KIM SENG ROAD TRAFFIC LIGHT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP3513R
Insured/Policyholder	
Name Of Registered Owner	KENETTE LENON
NRIC No	G5328961X
Email Address	LENONKENTTE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98365814
Alternative Phone No	OFFICE-92342351
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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 HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29100055
Cover Note Number	
Driver	
Name of Driver	KENETTE LENON
NRIC No	G5328961X
Date Of Birth	26/04/1990

26/04/1990 INDOOR

26/06/2014

MALE

4 YEARS AND 5 MONTHS

(LOCAL) +65-98365814

LENONKENTTE@YAHOO.COM

OFFICE-92342351

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21 FEE=RNVALE CLOSE #08-02 Address

Postcode

Was driver an employee of the Insured's Company NO

OWNER 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 COLLISION - HEAD TO REAR

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

YES

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

: UNKNOW

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

Refer to accident report.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

NO

2

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDR388P

Vehicle Make/Model/Colour PORSCHE SILVER

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LEE KIM SHIN

NRIC/Passport Number

Contact Number 96300023

ONE MARINA BLVD #28-00 Address

Postcode 018989

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

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Passenger 1

NAME: :

GENDER: :

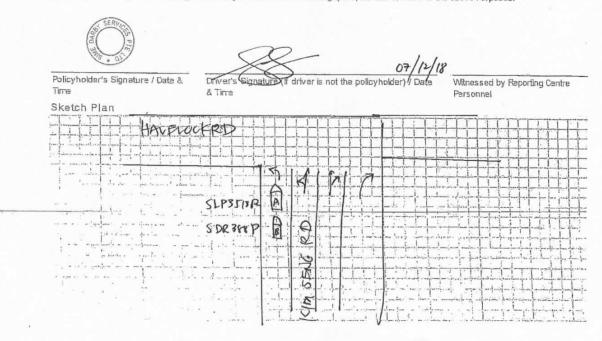
SKETCH PLAN

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

lunderstand, 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



	A.
Describe Circumstances of the Accident (Stepatis) On the 27th Nov. 248 @ 0948 hrs, I was at Kindeng Rd traff ligh furning lept onto the velock Road. When the traffic light furned green, my car of other cars in Front of me were co a slowly turning lept due to pedestrians crossing. Sudden was hit from the rear is by motor car SDR 388 P. No serior injuries from both parties. It provided his contact details mentioned to call him for any damage rectification.	
On the 2+ Nov- 28 (0948 hre, I was at Finishing Rd traff	70
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mentioned to call him for any damage rectification.	
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claration	
e declare the foregoing particulars are true in every respect.	
SERVA	
07/12/18	
cyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting C	entre

& Time

Time

Personnel