

## 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	01/02/2019 14:09
Date Of Accident	01/02/2019 12:30
Exact Location Of Accident	ALONG UBI CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC6454P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THEHERA AUTOMOBILE PTE LTD
Co Reg No	201629740C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96830923

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK 250
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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
Fleet Policy	NO
Policy Number	A 28975653 MTR
Cover Note Number	-

### Driver

Name of Driver	WONG CHEE KEONG (WANG ZHIQIANG)
NRIC No	S8405125Z
Date Of Birth	02/03/1984
Occupation	INDOOR
Date Of Driving Pass	22/04/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96830923
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 335 WOODLANDS ST 32 #04-41
Postcode	730335
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?	
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

PLEASE REFER TO 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	SKG9712C
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)	

## Accident Sketch Plan

### SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to disclosure of the 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 workshop and the General Insurance Association of Singapore ("GIA") may be 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 purposes 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 of me
  - (iv) administering my claims including the mailing of correspondence, statements, my claim 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 be 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 (ies) or subagent(s) (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.



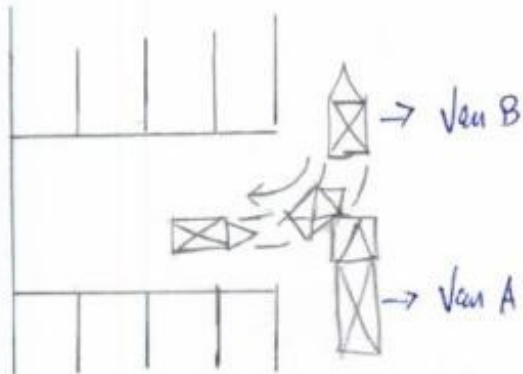
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



Van A → SMC 6454 P  
Van B → SKG 9712C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary waiting for veh B to reverse into parking spaces, out of a sudden without looking out for any vehicles beside, hit into the front left portion of my veh. I slighted and veh B owner apologise for not realising that I was beside his veh when he reverse.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

## DECLARATION

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

Police Officer's Name  
Date & Time

Driver's Name  
Date & Time

Reporting Person's Name  
Date & Time

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



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