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 <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 aforesaid

aforesaid.						
	ACCIDENT STATEMENT					
Date Of Report	08/02/2019 18:55					
Date Of Accident	01/02/2019 18:05					
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SLU4475J					
Insured/Policyholder						
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD					
Co Reg No	197501065W					
Email Address	CLIFTONCHUA@FEDEX.COM					
Mobile Phone No	(FOREIGN) +861-80197988					
Alternative Phone No	OFFICE-99999999					
Vehicle Particulars						
Manufacturer	HYUNDAI					
Model	ELANTRA					
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	COMMERCIAL VEHICLE					
Insurance Company						
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.					
Type Of Coverage	THIRD PARTY					
Fleet Policy	NO					
Policy Number	B 29100025 TMC					
Cover Note Number						
Driver						
Name of Driver	CHUA CHUNG HOW CLIFTON					

NRIC No S1789945G
Date Of Birth 18/10/1967
Occupation INDOOR
Date Of Driving Pass 18/03/1994

Driving Experience 24 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (FOREIGN) +861-80197988

Fax Number

Contact Number OTHERS-99999999

EMail Address CLIFTONCHUA@FEDEX.COM

Address NO 16, 2239 HONGQIAO LU, CHANG NING

SHANGHAI, PR CHINA

Postcode 200336

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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

NO

Was any other material or property damaged? YES

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

NO

3

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: : WIFE

GENDER: : FEMALE

Passenger 2

NAME: : SON GENDER: : MALE

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 SJZ5271X

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ELLYIRMA BINTE RAMLI

NRIC/Passport Number S8025135A Contact Number 97972706

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- By the lodgment 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)

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:
 - 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 & Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

1 Feb 2019

Reporting Centre Personnel's Signature

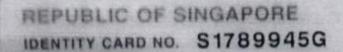
Name:

NRIC/FIN No.:

GIARMIC SketchPlanForm_V3

Sketch Plan #2

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Name

CHUA CHUNG HOW CLIFTON

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CHINESE Date of birth

18-10-1967

Country/Place of birth SINGAPORE Sex.

\$17899450

REPUBLIC OF SINGAPORE DRIVING LICENCE



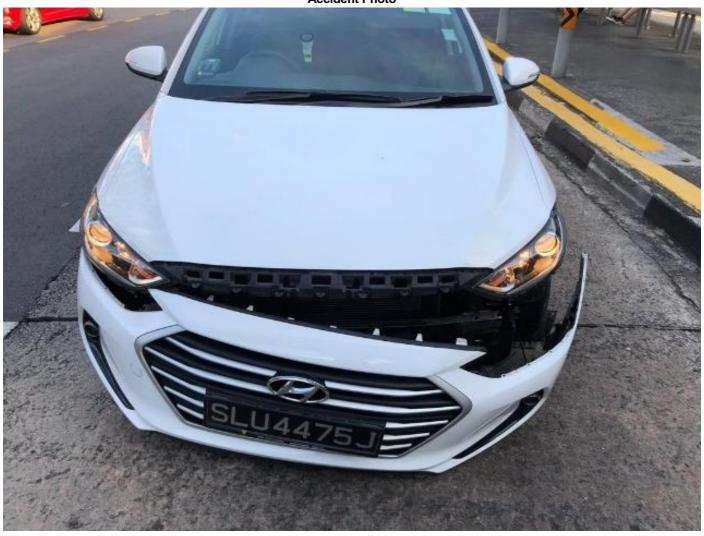
Licence Number S 1 7 8 9 9 4 5 G

CHUA CHUNG HOW CLIFTON

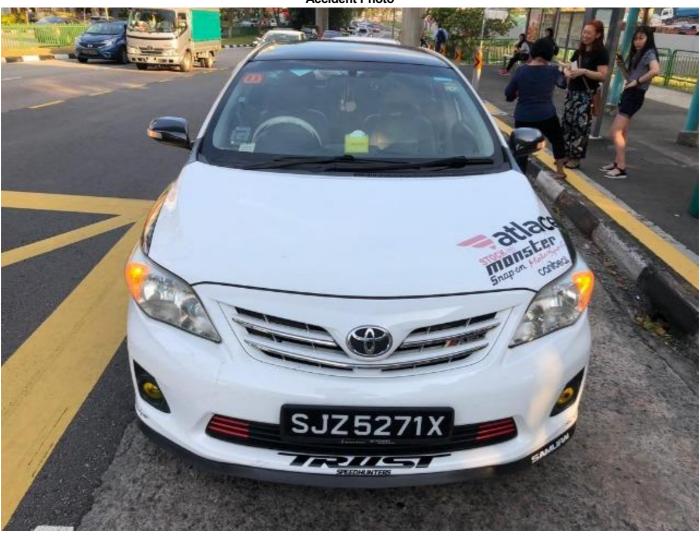
Birth Date 18 Oct 1967







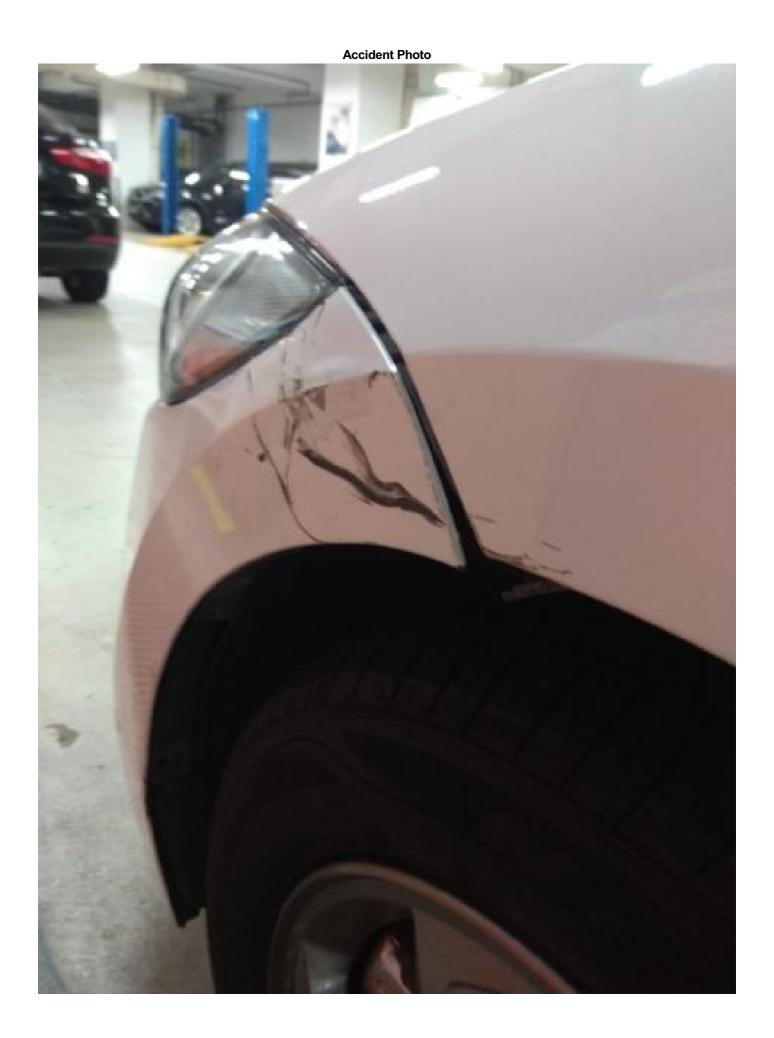






















Accident Photo

