

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	11/02/2019 14:34
Date Of Accident	23/12/2018 15:40
Exact Location Of Accident	LEVEL 9 INTERNATIONAL BUILDING LOT16
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ5351T
Insured/Policyholder	
Name Of Registered Owner	LIN DECAI, DANIEL
NRIC No	S8436370G
Email Address	DANIELLINDA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98777980
Alternative Phone No	OTHERS-98777980

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 (A)
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 28986659 QMX
Cover Note Number	

Driver

Name of Driver	LIN DECAI, DANIEL
NRIC No	S8436370G
Date Of Birth	10/11/1984
Occupation	INDOOR
Date Of Driving Pass	01/11/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98777980
Fax Number	
Contact Number	OTHERS-98777980
EEmail Address	DANIELLINDA@GMAIL.COM

Address	BLK 70A TELOK BLANGAH HEIGHTS #22-513
Postcode	101070
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

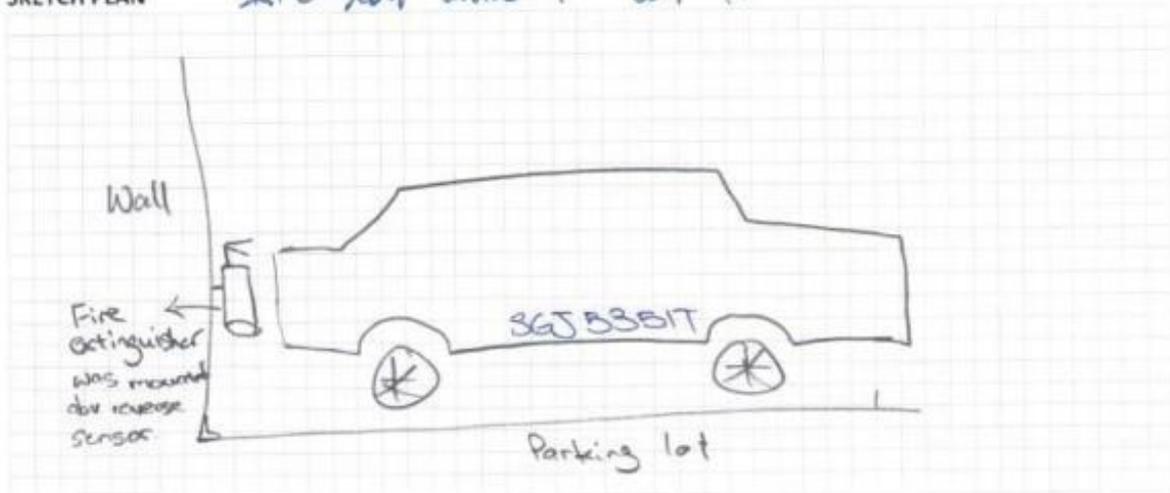
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

Intl Bldg Level 9 - Lot 16



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

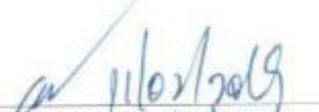
LICENSE PLATE: SGJ5351T	ACCIDENT DATE & TIME: 23/12/2018, 3:40pm
CONTACT NUMBER: 98777980	E-MAIL ADDRESS: daniellinda@gmail.com
LOCATION: International Building Level 9 - Parking Lot 16	
I park my vehicle at International Building on 23rd December 2018 at and 3:40pm. When I was reversing into the lot, my car boot collide with a fire extinguisher. I was shock when I saw a fire extinguisher was mounted directly at the end of the parking lot wall.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

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: Rachel Wootton
 NRIC/FIN No.:

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8436370G**



Name
LIN DECAI, DANIEL

林德财

Race
CHINESE

Date of birth
10-11-1984

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S8436370G**

Name
LIN DECAI, DANIEL

Birth Date **10 Nov 1984**

Issue Date **01 Nov 2007**



001541569C

5471128



NRIC No. **S8436370G**



Date of issue
19-05-2018

**APT BLK 70A TELOK BLANGAH HEIGHTS #22-513
SINGAPORE 101070**

NRIC No: **S8436370G** Date: **20/05/2018**

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 01 Nov 2007

NP 428A



License No: **S8436370G**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

