

MSIG VIMVER  
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## 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.

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### ACCIDENT STATEMENT

Date Of Report 02/02/2019 11:40  
 Date Of Accident 02/02/2019 08:45  
 Exact Location Of Accident CHONG PANG MARKET  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC3042P  
**Insured/Policyholder**  
 Name Of Registered Owner LIM CHOW CHUEN  
 NRIC No S7812029J  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-91510866  
 Alternative Phone No OFFICE-91510866

### Vehicle Particulars

Manufacturer VOLKSWAGEN  
 Model SHARAN GP 2.0 TSI HL LOW  
 Exact Purpose for which vehicle was being used at time of accident  
 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 A 29087811 AVW  
 Cover Note Number

### Driver

Name of Driver CHUA CHOON FEI  
 NRIC No S7980790G  
 Date Of Birth 07/08/1979  
 Occupation INDOOR  
 Date Of Driving Pass 30/05/2011  
 Driving Experience 7 YEARS AND 8 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91867241  
 Fax Number  
 Contact Number  
 EMail Address CFC1979@HOTMAIL.COM

Address	10 CANBERRA DRIVE #13-13 EIGHT COURTYARDS
Postcode	768142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
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?	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

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO SIZE FILE EXCEEDED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD1919T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR ONG
NRIC/Passport Number	
Contact Number	8862 1919
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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.

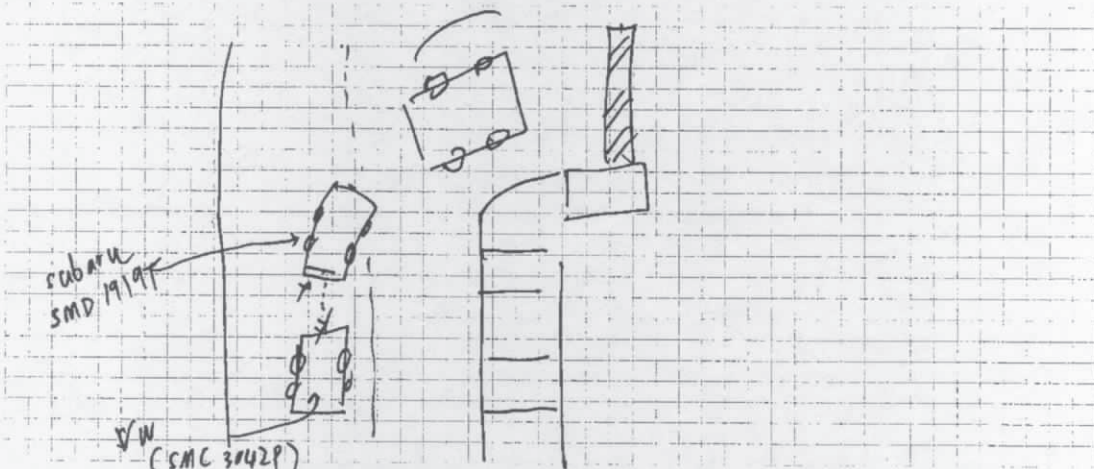
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

8:40 am at Chong Pang Market, behind of a subaru SMD 1919T, when the car was in the queue, the driver made a reverse abruptly without watching for the car behind, it bumped into my car

Mr Ong - 8862 1719 drove a subaru forester (SMD 1919T) reversed and knocked my car - VW sharan (SMC 3042P) at 8:40 am at Chong Pang Market near the exit.

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.:



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## TAX INVOICE

### Name and Address of Insured

Lim Chow Chuen (Lin Zhaoqun)  
10  
Canberra Drive  
#13-13  
Eight Courtyards  
Singapore 768142

Invoice No : 2908781100001

Invoice Date : 06/07/2018

Account No. : 156346  
Client Code : 10730079  
Policy Class : VW DRIVEEASY  
Policy No. : A 29087811 AVW  
Transaction Type : New Business Issue  
Period of Insurance : 28/06/2018 to 27/06/2019

### PREMIUM DEBIT NOTE

Gross Premium	:	SGD1,077.40
GST @ 7.00%	:	SGD75.42
Amount Due	:	<u>SGD1,152.82</u>

Note : If you have already made payment, this invoice is for your record only.  
Otherwise, Cheque should be crossed and made payable to  
**MSIG Insurance (Singapore) Pte. Ltd.**  
Please quote the Invoice No. when making payment.

No Official Receipt will be printed unless payment by Cash.

### Important Notice :

#### Premium Payment Warranty

(applicable to all business & commercial establishments)  
Premium must be paid in full within 60 days from the inception date of the risk. Otherwise, the Policy will be automatically terminated from the expiry of the premium warranty period. Please refer to the Premium Warranty as indicated in your Policy for more details.

Sketch Plan #4



Accident Photo





Accident Photo

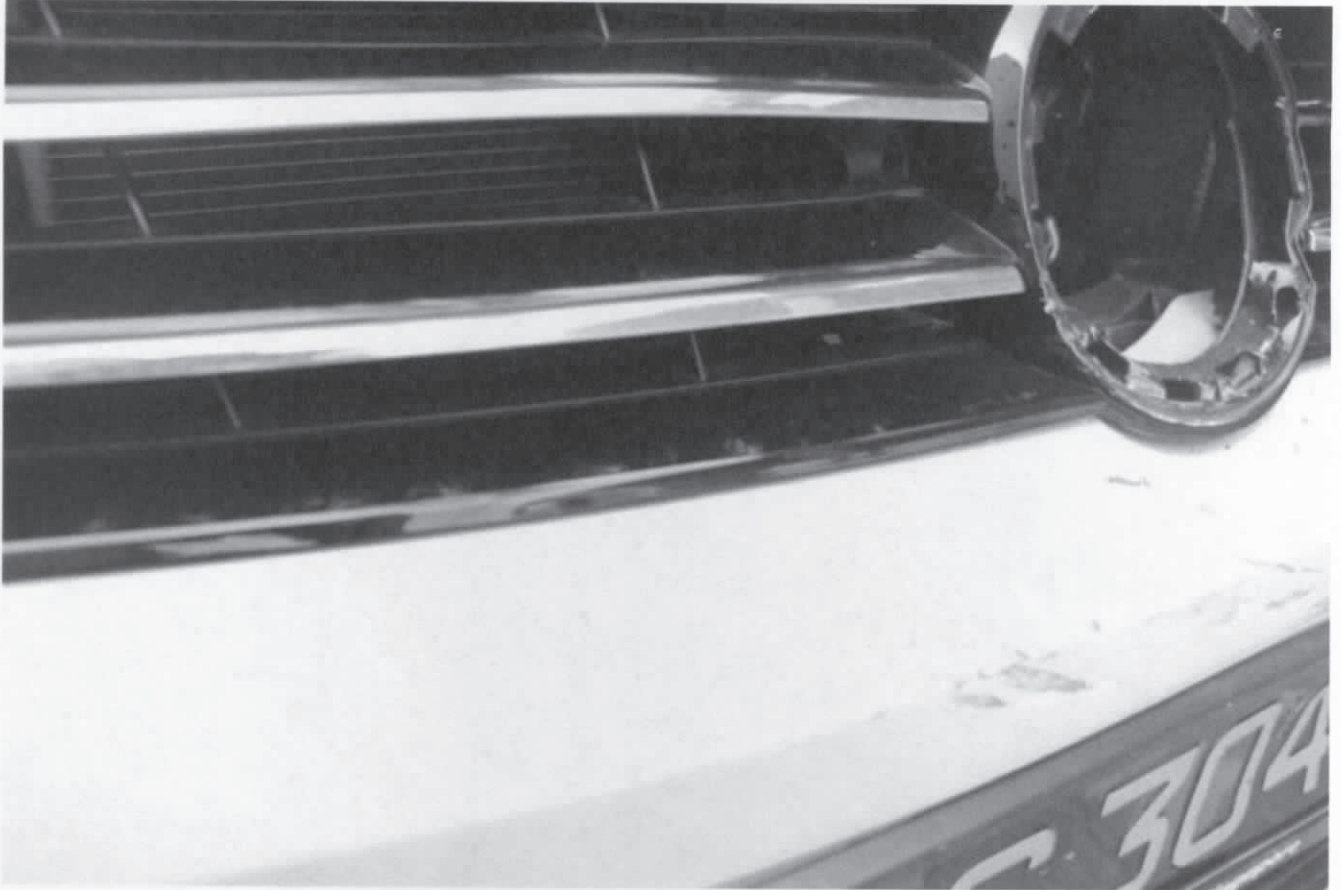




Accident Photo



Accident Photo



Accident Photo

