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 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.

ACCIDENT STATEMENT	
Date Of Report	18/02/2019 19:00
Date Of Accident	18/02/2019 07:00
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE 27KM LAMP POST 1365
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKH4297L
Insured/Policyholder	
Name Of Registered Owner	BEH MOI LENG
NRIC No	S7176639Z
Email Address	MOILENGBEH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92370827
Alternative Phone No	OTHERS-92370827
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	A 29115061 QMX
Cover Note Number	
Driver	
Name of Driver	BEH MOI LENG
NRIC No	S7176639Z
Date Of Birth	22/01/1971
Occupation	INDOOR
Date Of Driving Pass	01/11/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92370827
Fax Number	
Contact Number	OTHERS-92370827
EMail Address	MOILENGBEH@GMAIL.COM

Address	BLK 683A WOODLANDS DRIVE 62 #14-97
Postcode	731683
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	RAINING
Road Surface	WET

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

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	FBF552T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	JULIUS
NRIC/Passport Number	G5317939N
Contact Number	83288770
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 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 :

   (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:

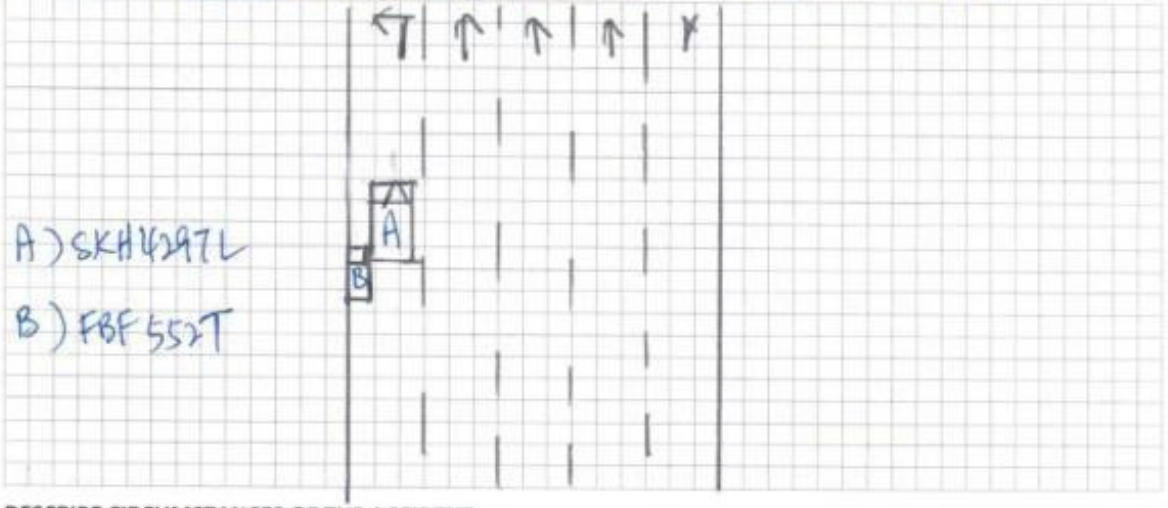
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 18/10/2019	Driver's Signature (If driver is not the policyholder) Date & Time:	18/10/2019 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN PIE TAVORES TUAS BEFORE 27KM LAMP POST 1365



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER ATTACHMENT

DECLARATION

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

Policyholder's Signature
Date & Time: 18/2/2019

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

18/02/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

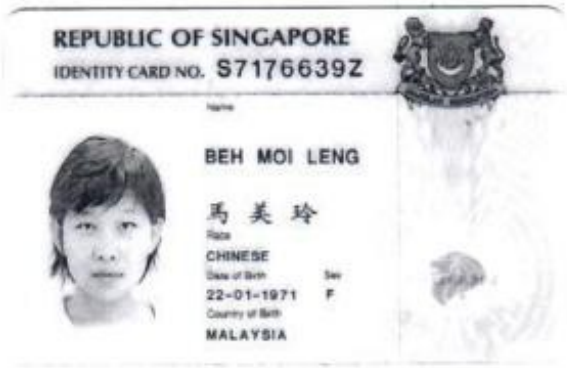
STATEMENT

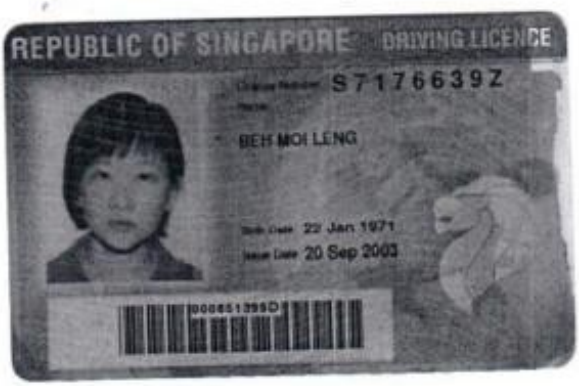
DATE: 18th February 2019

ACCIDENT REPORT

At around 7am, I was on PIE towards Tuas, before 27 km lamp post 1365, the motorcycle (FBF 552T) hit the left-hand side of my car (SKH4297L). The motorcyclist is Mr. Julius Tejano Serana (G5317939N). The traffic was really slow and I was moving really slowly waiting to exit PIE, when suddenly the motorcycle skidded from behind and hit the left-hand side of my car. The left-hand side near the rear wheel area of my car was damaged due to this accident, hence will need to make claims from Mr Julius 's insurance.

ID


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7176639Z
BEH MOI LENG
馬美玲
CHINESE
22-01-1971
F
MALAYSIA


REPUBLIC OF SINGAPORE DRIVING LICENCE
S7176639Z
BEH MOI LENG
22 Jan 1971
20 Sep 2003


S7176639Z
MALAYSIAN
20-09-1997
APT BLK 683A WOODLANDS DRIVE 62 #14-97
SINGAPORE 731683
NRIC No: S7176639Z
Date: 17/07/2012
No: 7131350


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 2B Motorcycles not exceeding 200 cc 01 Nov 1999
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 01 Nov 1999
NP 42NA

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo