

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	25/02/2019 10:47
Date Of Accident	23/02/2019 15:15
Exact Location Of Accident	JALAN EUNOS TWDS STILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8233L
Insured/Policyholder	
Name Of Registered Owner	ONG BEE ENG
NRIC No	S0091700A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96712985
Alternative Phone No	OTHERS-96712985

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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 80399958 AVW
Cover Note Number	

Driver

Name of Driver	ONG BEE ENG
NRIC No	S0091700A
Date Of Birth	31/05/1950
Occupation	INDOOR
Date Of Driving Pass	09/09/1970
Driving Experience	48 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96712985
Fax Number	
Contact Number	OTHERS-96712985
Email Address	NOEMAIL

Address	95A LOR G TELOK KURAU
Postcode	426289
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?	YES
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)	4
Passenger 1	NAME: : PAULINE KWAN GENDER: : FEMALE
Passenger 2	NAME: : DAVID CHUA GENDER: : MALE
Passenger 3	NAME: : GRACE ONG 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF8888S
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)

DETAILS OF INJURED PERSON 1

Name PAULINE KWAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKS8233L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Address
Postcode

DETAILS OF INJURED PERSON 2

Name DAVID CHUA
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKS8233L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Address
Postcode

DETAILS OF INJURED PERSON 3

Name GRACE ONG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKS8233L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Address
Postcode

Accident Sketch Plan

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.

王美琪

Policyholder's Signature
Date & Time:

王美琪

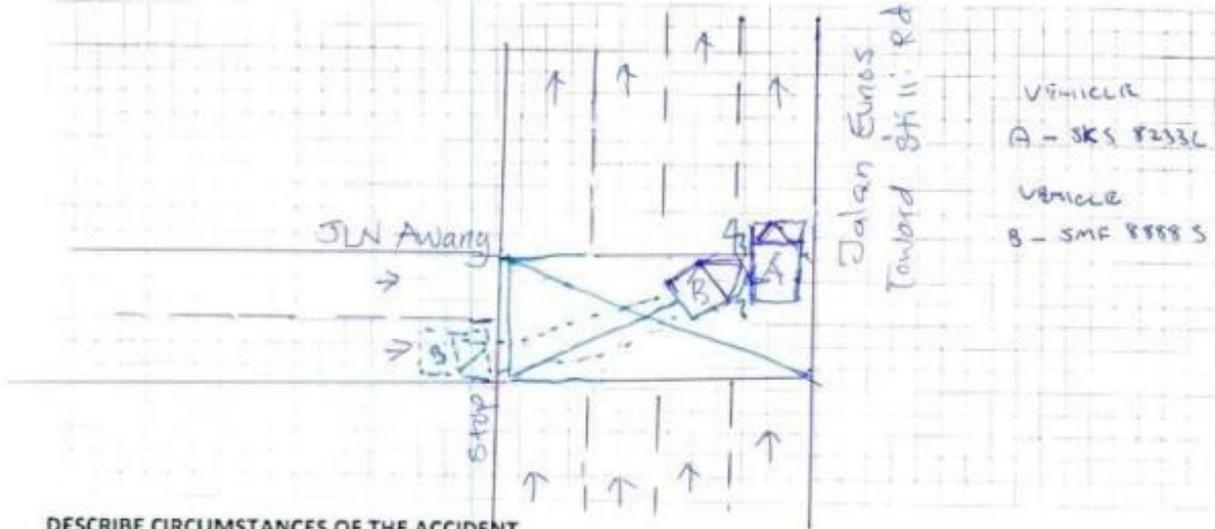
Driver's Signature
(if driver is not the policyholder)
Date & Time:

25/02/19

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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG JLN EUNUS TOWARD STILL ROAD DIRECTION, I WAS ON THE EXTREME RIGHT LANE.

WHILE DRIVING STRAIGHT AHEAD, SUDDENLY A VEHICLE CAME OUT FROM JLN AWANG AND HIT ONTO THE LEFT SIDE OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SMF P888S) THAT COLLIDED TO MY VEHICLE, WHILE I'M ON MY RIGHT OF WAY GOING STRAIGHT.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SKS P233L
VEHICLE B - SMF P888S

DECLARATION

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

王美冰
Policyholder's Signature
Date & Time:

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

Slym 25/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S0091700A**

Name
ONG BEE ENG

Issued On: **21 May 1980**
Valid Till: **19 Jul 2009**

S0091700A




REPUBLIC OF SINGAPORE
IDENTITY CARD NO: **S0091700A**



Name
ONG BEE ENG

Sex
F

Race
CHINESE

Date of Birth
21-05-1980

Country of Birth
SINGAPORE

S0091700A




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	VALID DATE
	Motor Cars and Motor Tractors (its weight of which includes driver and excess) 2000 kilograms	09 Sep 2009

MP 4094

License No: **S0091700A**



S0091700A



License No: **S0091700A**

Date of Issue
02-05-2009

Address
**004 LORONG S. TELUK BUKIT
SINGAPORE 40280**