

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	18/03/2019 10:31
Date Of Accident	16/03/2019 10:50
Exact Location Of Accident	AYE (DIRECTION OF MCE) EXIT 6 ALEXANDRA RD (LANE1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2363T
Insured/Policyholder	
Name Of Registered Owner	TAN HANG KIANG
NRIC No	S1787532I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96384525
Alternative Phone No	OTHERS-96384525

Vehicle Particulars

Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	B27164892SMP
Cover Note Number	

Driver

Name of Driver	RYAN TAN YU-CHIEN
NRIC No	S9326208E
Date Of Birth	17/07/1993
Occupation	INDOOR
Date Of Driving Pass	26/07/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81020364
Fax Number	
Contact Number	
Email Address	RYANTANYC@GMAIL.COM

Address	404 BUKIT BATOK WEST AVENUE 7 #11-16
Postcode	650404
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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.	YES
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 ATTACH.

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	SLL6754M
Vehicle Make/Model/Colour	BLACK HONDA HATCHBACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL LIN
NRIC/Passport Number	S1785978A
Contact Number	96534938
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLC9155U
Vehicle Make/Model/Colour	PURPLE MAZDA HATCHBACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JULIE WONG
NRIC/Passport Number	S6824130H
Contact Number	97461203
Address	35 LORONG 5 TOA PAYOH #06-325
Postcode	310035
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

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:

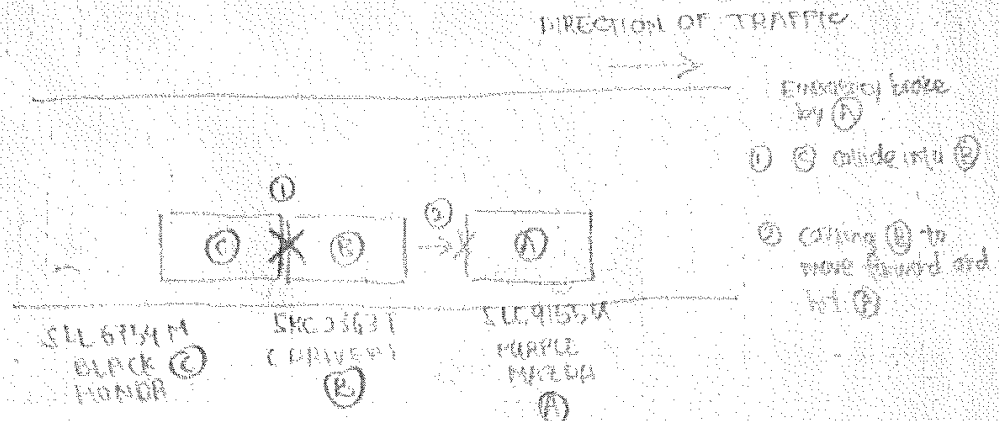
2200W
16/3/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 0915
18 MAR 2019

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PURPLE MAZDA SLC 9155U SUDDENLY APPLIED EMERGENCY BRAKE WHILE DRIVING ON LANE 1
OF AVE TOWARDS NCE OFF EXIT 6 ALEXANDRA ROAD
1 - SECOND CAR (SKC 2363T) IMMEDIATELY FOLLOW SUIT AND WAS ABLE TO COME TO FULL
STOP APPROXIMATELY 2 TO 3 METRES BEHIND.
THIRD CAR SLL 6754M BLACK HONDA UNABLE TO STOP IN TIME AND CRASH INTO REAR OF
MY VEHICLE (SKC 2363T)
THIS CAUSED MY VEHICLE TO MOVE FORWARD AND KNOCK ONTO FIRST CAR (SLC 9155U)
BUMPER.
MINOR DAMAGE TO SLC 9155U BUMPER AND FRONT OF MY VEHICLE. THIRD CAR BONNET (SLL 6754M)
COMPLETELY SMASHED AND RESULTED IN DAMAGE TO MY REAR BUMPER
WEATHER WAS CLEAR, ROAD CONDITION DRY, NO OBSTACLE AHEAD. ROAD IS RELATIVELY STRAIGHT
WITH NO INCLINE/DECLINE

DECLARATION

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

Policyholder's Signature
Date & Time: 2200WY
16/3/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 0915
18 MAR 2019

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

16 March 2019

To Whomever This May Concern,

I, Tan Hang Kiang, S1787532I, the registered owner of vehicle SKC 2363T, was aware that (Ryan Tan Yu-Chien, S9326208E) was driving the vehicle concerned, and that there was an accident at approximately 1100hrs on Saturday 16 Mar 2019.

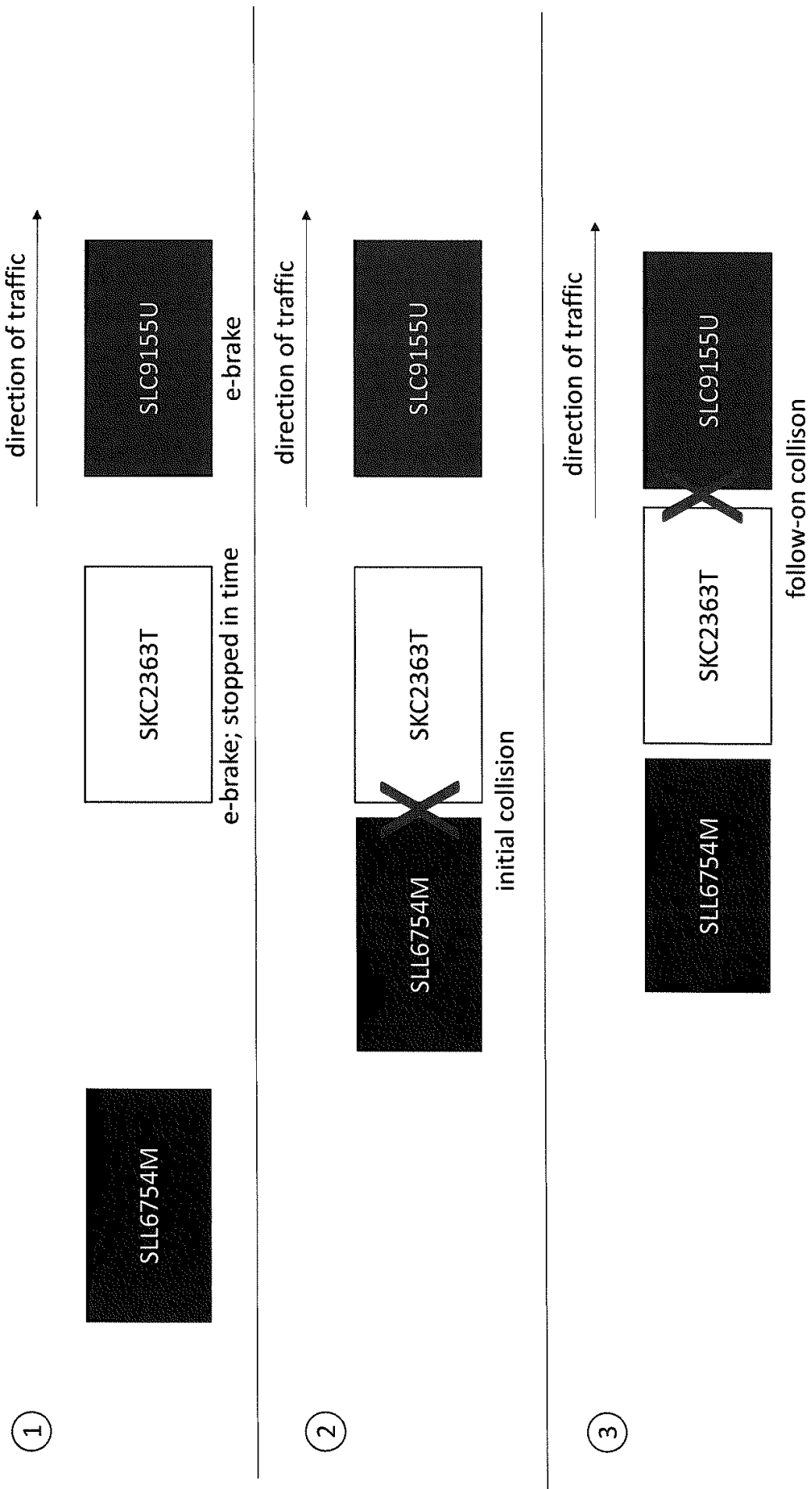
I hereby authorise him to make an accident report and follow up with the insurance proceedings.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Tan Hang Kiang' with a stylized flourish.

Tan Hang Kiang

Contact number: 9638 4525





damage to front car



accident view

front (magnified)





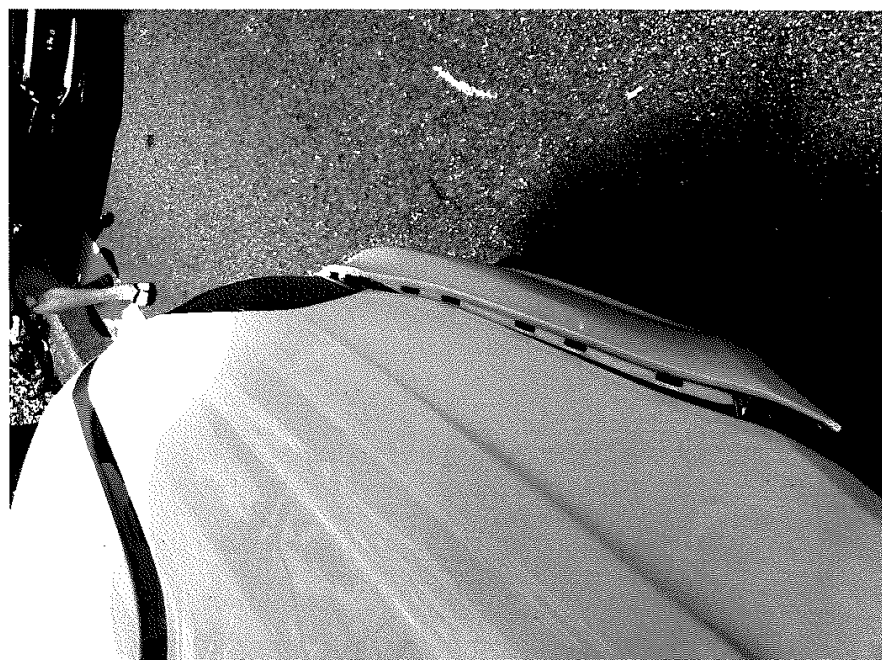
damage to
rear car



accident view



accident view



rear

front (full view)



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



