

## 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	08/04/2019 13:00
Date Of Accident	07/04/2019 09:30
Exact Location Of Accident	JUNCTION OF CLEMENTI AVE 3/COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL9359K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIU GE
NRIC No	S8383034D
Email Address	LUYOU83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98719628
Alternative Phone No	OTHERS-97698316

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 L (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	A 29120728 QMX
Cover Note Number	

### Driver

Name of Driver	LU YOU
NRIC No	S8480602A
Date Of Birth	05/10/1984
Occupation	INDOOR
Date Of Driving Pass	23/10/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98719628
Fax Number	
Contact Number	OTHERS-97698316
Email Address	LUYOU83@GMAIL.COM

Address	BLK 163 STIRLING ROAD #11-1234
Postcode	140163
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	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?	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	SKF6891T
Vehicle Make/Model/Colour	SUZUKI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PRISCILLA MON LIAN PHENG
NRIC/Passport Number	S7503774J
Contact Number	91391022
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME:       :  
GENDER:     :

## Accident Sketch Plan

### SKETCH PLAN

Veh A: SGL 9359K

Veh B: SKF 6891T

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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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature  
Date & Time:



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

9:20 AM 8/4/19



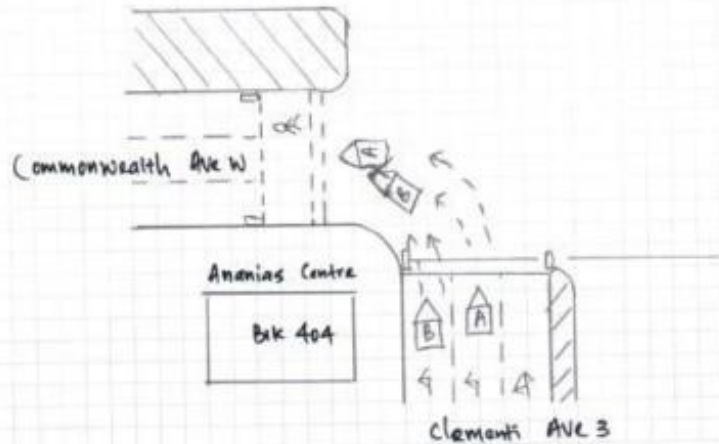
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Veh A: SGL 9359K

Veh B: 8KF 6891T



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i turning out from Clementi Ave 3 towards Commonwealth Ave W.  
I was stationary at the traffic junction due to pedestrian Crossing.  
Suddenly Vehicle B collided with my vehicle.

## 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.:

08/04/09

9:30Am



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

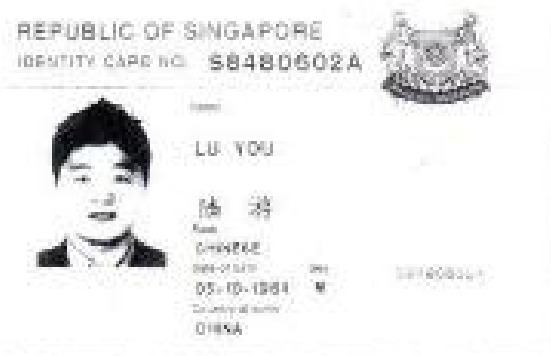
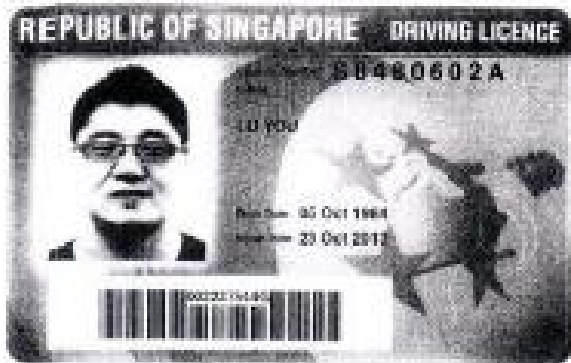




Accident Photo



# Identification Card



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

### EFFECTIVE DATE

Class 3 Motor Cars < 3500kg with < 17 passengers, no trailer - 29 Oct 2012  
of the driver, and other motor vehicles < 3500kg

NP 0258



88480602A

# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S693500200 / GST Reg. No. M400017731

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAV6045200 Vehicle Registration No: SGL 9359K

Name (as shown in NRIC): Lu Yu NRIC/FIN/Passport No: SP480602A

(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 97698316

Email Address: \_\_\_\_\_

Date of Accident: 07/04/2019 Time of Accident: 09:30

Place of Accident: Intersection of Cantonment Road & Commonwealth Avenue West

Insurance Company: MSIG

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy number to A 29120728 QMX

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Policyholder / Driver's Signature  
Date:

06/05/2019  
Reporting Centre Personnel's Signature  
Name: Roshan  
NRIC/FIN No.: U40118B  
Date: