

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	29/04/2019 19:31
Date Of Accident	28/04/2019 01:30
Exact Location Of Accident	MALAYSIA CUSTOM BUILDING (CIQ)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3328Y
Insured/Policyholder	
Name Of Registered Owner	LEE TZE BING
NRIC No	S1822177B
Email Address	YOUNGBERT.GTROCS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90063328
Alternative Phone No	OTHERS-90063328

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 180
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	B 29118558 QMX
Cover Note Number	

Driver

Name of Driver	LEE TZE BING
NRIC No	S1822177B
Date Of Birth	05/03/1967
Occupation	INDOOR
Date Of Driving Pass	20/06/1986
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-90063328
Fax Number	
Contact Number	OTHERS-90063328
Email Address	YOUNGBERT.GTROCS@GMAIL.COM

Address	571 UPPER SERANGOON ROAD #10-05
Postcode	534798
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?	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	SLK8853C
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG SHAOU-YI, RUTH
NRIC/Passport Number	S7839454D
Contact Number	96980088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

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.

Policyholder's Signature
Date & Time:

29/4/19

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

29/4/19

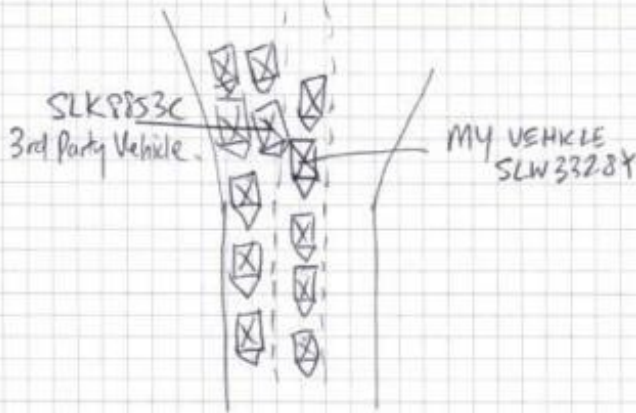
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

29/04/2019
Keshav Kumar

Sketch Plan #2

SKETCH PLAN

Malaysia Custom Building (CIQ)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was approaching Malaysia Custom Building ^{towards} Woodland, there were moderate to heavy traffic, cars were bumper to bumper as I got into the middle lane. Have notice vehicle SLK8853C was trying to move from the right side into my lane. Since I was already ahead of her, I just look at the front. Suddenly, I felt my car shake, I look into the side rear mirror and notice the said vehicle have touch my car. We came down exchange particulars and I took a photo of the accident which I have attached to the statement. Thank You.

DECLARATION

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

Policyholder's Signature

Date & Time:

29/4/19

CIARISC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/4/19.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/4/2019

Don Chuan

Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1822177B



Name
LEE TZE BING
李子斌

Race
CHINESE

Date of birth
05-03-1967

Country/Place of birth
SINGAPORE

Sex
M






REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S1822177B

NAME
LEE TZE BING

Date of birth 05 Mar 1967

Valid Until 22 Aug 2018

S17A954



Identity Card No. S1822177B



Date of birth
05-03-1967

Address
571 UPPER SERANGOON ROAD
#10-08
SINGAPORE 534998

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EXPIRATION DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 12 passengers, mopeds (Class 2) and other motor vehicles with unladen weight \leq 2000kg 20 Jun 1968

MP 4234



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S665500200 / GST Reg. No: M400017733

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 : MAIA 9055325 Vehicle Registration No: SLW3328 Y
Name (as shown in NRIC) : LEE JIA BIAN NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90063328
Email Address : _____
Date of Accident : 28/04/2019 Time of Accident : 01:30
Place of Accident : MALAYSIA CUSTOM BLDG (CIC)
Insurance Company : mev

(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:

Insert 7 Photos

Policyholder / Driver's Signature
Date:

28/04/2019
Reporting Centre Personnel's Signature
Name: Rosa
NRIC/FIN No.: 123456789
Date: