

## 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	02/05/2019 11:31
Date Of Accident	30/04/2019 20:55
Exact Location Of Accident	ALONG BUKIT BATOK WEST AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN6468M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE AH KHIM
NRIC No	S1605915C
Email Address	LAK.KHIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97324401
Alternative Phone No	OFFICE-97324401

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	D 300072715 QMY
Cover Note Number	

### Driver

Name of Driver	LEE AH KHIM
NRIC No	S1605915C
Date Of Birth	22/05/1963
Occupation	INDOOR
Date Of Driving Pass	06/10/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97324401
Fax Number	
Contact Number	OFFICE-97324401
E Mail Address	LAK.KHIM@GMAIL.COM

Address

BLOCK 206 BUKIT BATOK STREET 21  
#11-74

Postcode

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 COLLISION - HEAD TO REAR

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) 5

Passenger 1

NAME: : LEE SIEW HOON

GENDER: : FEMALE

Passenger 2

NAME: : AH CHING

GENDER: : FEMALE

Passenger 3

NAME: : LEE KENG KOON

GENDER: : MALE

Passenger 4

NAME: : LEE SIONG HOON

GENDER: : MALE

#### 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 the attached Sketch Plan for the accident details.

#### 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 SHD3326A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	TAXI
Name of Driver	CHUNG CHEONG WENG
NRIC/Passport Number	S0165669D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

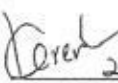
**SKETCH PLAN**

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6. The 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 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:

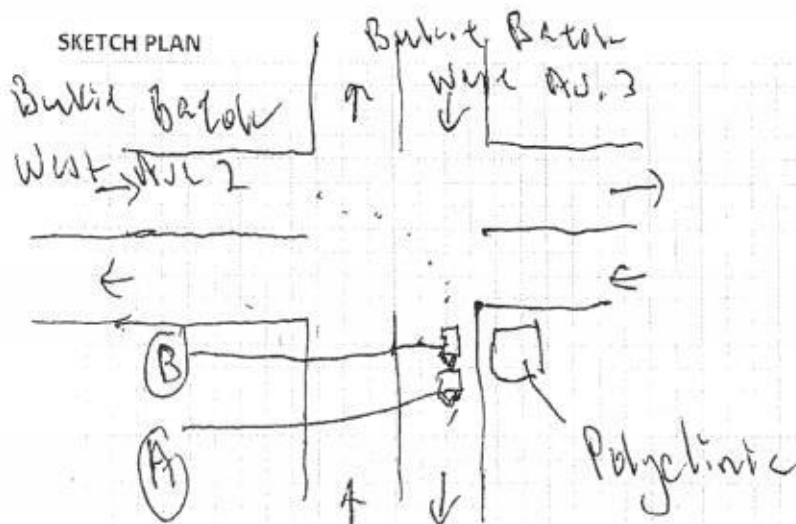
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 21/5/2019 11:20am

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.:



A-SGN 6468 M

B-SHD 3326 A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30 April 2019 at about 8:55pm when I drove from Bukit Batok Avenue 2 and turn right to Bukit Batok West Avenue 3. While turning, I slow down and stop to let a boy crossing the road then I proceed to Bukit Batok West Avenue 3.

When I was driving along Bukit Batok West Avenue 3, suddenly the taxi "SHD 3326 A" hit me from behind. Below are passengers in my car "SGN 6468 M":

Lee Siew Hoon (F)

Ah Ching (F)

Lee Keng Khoo (M)

Lee Siong Hoon (M)

## Taxi information:

Driver's Name: Chung Cheong Weng

Lic No.: S0165669D

Taxi no.: SHD 3326 A

## DECLARATION

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

*[Signature]*  
21/5/2019 11:20am

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.: