

## 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	06/05/2019 16:54
Date Of Accident	06/05/2019 07:20
Exact Location Of Accident	CLEMENTI ROAD TOWARDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7751U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEE ZHEN SHOU DANIEL
NRIC No	S8025459H
Email Address	DEEPSTRIKETEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96362255
Alternative Phone No	OFFICE-96362255

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI
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	B 28825938 QMY
Cover Note Number	

### Driver

Name of Driver	TEE ZHEN SHOU DANIEL
NRIC No	S8025459H
Date Of Birth	26/08/1980
Occupation	INDOOR
Date Of Driving Pass	18/03/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96362255
Fax Number	
Contact Number	OFFICE-96362255
Email Address	DEEPSTRIKETEE@GMAIL.COM

Address	BLK. 49, STRATHMORE AVENUE, #14-217,
Postcode	140049
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?	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)	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

see attached

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV8786D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHERYL ONG
NRIC/Passport Number	
Contact Number	98226683
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	DANIEL TEE ZHEN SHOU
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Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SJY7751U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**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: 6 MAY 19

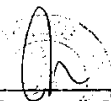
1424H

N/A

Driver's Signature

(If driver is not the policyholder)

Date & Time:

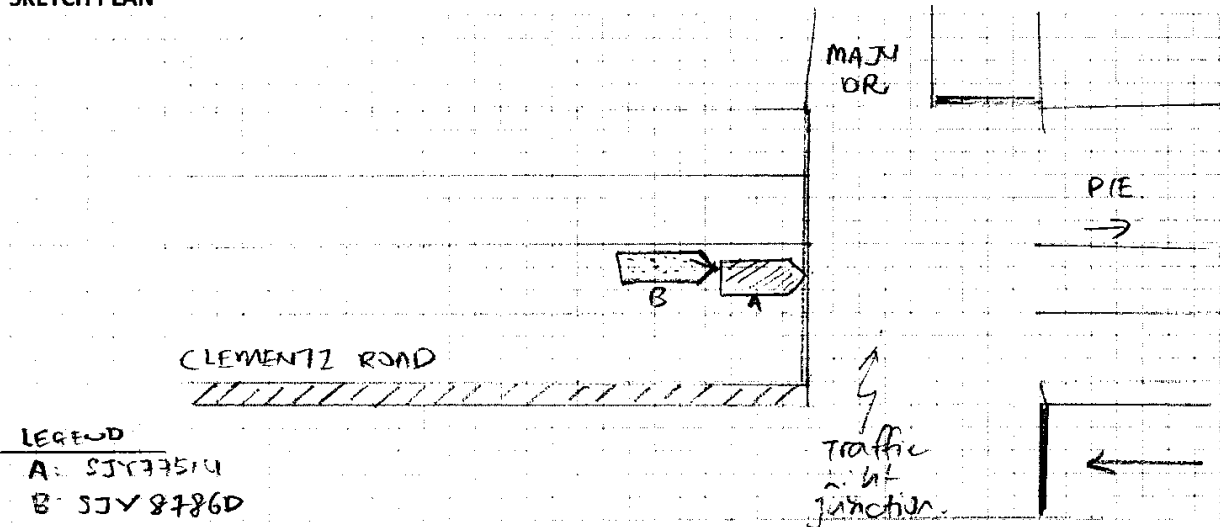


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. AT AROUND 0722HRS ON 6 MAY 19, MY WHITE VEHICLE (SJY7751U) WAS HIT FROM BEHIND BY A RED MAZDA SEDAN (SJY8786D) AT THE JUNCTION OF CLEMENTI ROAD AND MAJU DRIVE. BOTH VEHICLES WERE ON LANE 2 OF CLEMENTI ROAD, HEADING TOWARDS PIE.
2. THE ACCIDENT OCCURED AS I CAME TO A STOP, AS THE LIGHTS WERE TURNING RED. I WAS DRIVING ALONE AT TIME OF ACCIDENT.
3. THE DRIVER OF SJY8786D APPEARED UNHARMED AND THE VEHICLE AIRBAG DID NOT DEPLOY. NO PASSENGERS WERE SEEN IN SJY8786D.
4. I SAW THE MINDEF MEDICAL OFFICER AT AROUND 1120HRS AND WAS TOLD I HAD A NECK MUSCLE STRAIN.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time: 6 MAY 19  
1424H

*[Signature]*

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

*[Signature]*

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

photo taken at accident site



photo taken at accident site



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



chassis no

