#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	08/05/2019 17:32	
Date Of Accident	07/05/2019 16:50	
Exact Location Of Accident	SLIP RD SOUTH BUONA VISTA RD INTO AYE ( MCE )	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKH9047J	
Insured/Policyholder		
Name Of Registered Owner	SU ZHEN HUA @ FELIX	
NRIC No	S8118622G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98374968	
Alternative Phone No	OTHERS-98374968	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A3 SPORTBACK 1.4 TFSI	
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?	YES	
If No, Please state action to be taken		
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	

A 29083445 QMY

#### **Driver**

Policy Number

Cover Note Number

Name of Driver SU ZHEN HUA @ FELIX

 NRIC No
 S8118622G

 Date Of Birth
 20/01/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 07/11/2001

Driving Experience 17 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98374968

Fax Number

Contact Number OTHERS-98374968

EMail Address NOEMAIL

61 UPPER SERANGOON VIEW Address

#09-17

Postcode 534015

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** 

**CHAIN COLLISION** Type Of Accident

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 YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

NO

NO

NO

Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number FBE8216Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **MOTORCYCLE** 

Name of Driver

NRIC/Passport Number

**Contact Number** 87266912

Address

Postcode

Insurance Company Name

Nature Of Damage

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKP1112C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- R. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the Seneral 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 veryide(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monatary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (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 attrident and/or my claims;
  - (iii) carrying out end/or dealing with my instructions or responding to any enquiries by me.
  - (by) 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
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to callect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- my Fersonal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers on agenta locuding their lawyers/law ficms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the gurpese of fraud detection, investigation and management in present and all future claims.
- (a) she information so collected under (a) above may be shared / stockoard.
  - (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.

Date & Time

Driver's Signature (If driver is ent the policyholder) Date & Time:

Reporting Centre Pr NRIC/FIN No.

SKETCH PLAN	
A/E (WCE)	
the state of the s	
- STANSPO -	
A SKH 9047 J Broth Brong VI	
	sta
8 ERE 8716 Z	
C SKP 1112C	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was driving SKH 9047 J along South Buona Vista Road, to	
slip read onto AYE (tomerds MCE)	
As the last the state of the st	
As lapproximed the end of the stip road marging to AYE,	
the standard of the last to the standard of th	
SKO 1112C, suddenly stopped. I did not broke in time and my	
valuide's front left bonnet collided with the vehicle's rear right	
The Test source collected button set houser? I'm were	
gide.	
3 seconds later, a motorbike, FBE 82165, collided onto the	
rect of my vehicle.	
/ .	
DECLARATION	
//we declare the foregoing particulars are true in every respect.	
- E - 5 - \c. 815/2019	
Policyholder's Signature Driver's Signature Reporting Centre Physionnel's Signature	
Orte & Time: NAME/FIN No.	

#### Sketch Plan #3





#### Sketch Plan #4



































