

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	15/05/2019 17:21
Date Of Accident	15/05/2019 08:30
Exact Location Of Accident	OPEN CARPARK 4 BLOCK 7 AT NTU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8448P
Insured/Policyholder	
Name Of Registered Owner	YEO TEOW MENG
NRIC No	S1414064F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84480484
Alternative Phone No	OTHERS-84480484

Vehicle Particulars

Manufacturer	MAZDA
Model	BIANTE
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	
Cover Note Number	

Driver

Name of Driver	KEVIN YANG YINGJIE
NRIC No	S9042884E
Date Of Birth	08/11/1990
Occupation	INDOOR
Date Of Driving Pass	21/07/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96829889
Fax Number	
Contact Number	
Email Address	YANG_YINGJIE1990@HOTMAIL.COM

Address	50 LORONG 40 GEYLANG #06-34
Postcode	398074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA4172B
Vehicle Make/Model/Colour	HYUNDAI
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

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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:

15 MAY 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15 MAY 2019

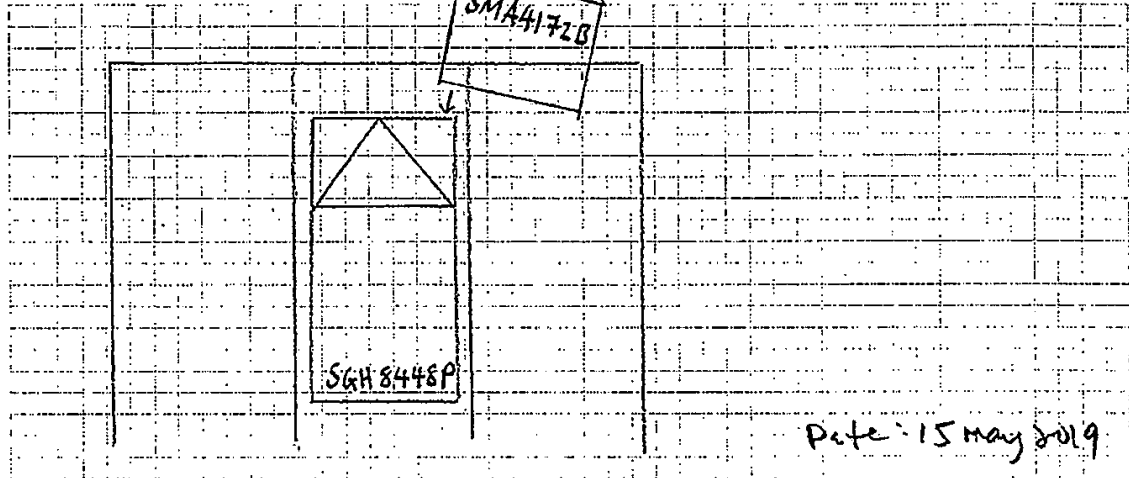
Reporting Centre Personnel's Signature

Name:

Poh Kwee Choo

NRIC/FIN No.: S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The driver (SGH8448P) parked his car at the National Institute of Education at carpark 4 near block 7 at 8.33am. At around 2.30pm, the driver came back to the carpark lot to find that the front bumper of the car was damaged by the car (SMA4172B) when the driver was attempting a reverse parking.

DECLARATION

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

Policyholder's Signature

Date & Time:

15 MAY 2019

GIARAC Sketch Plan Pg. 2

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15 MAY 2019

Reporting Centre Personnel's Signature

Name: : John Kwee Choo

NRIC/FIN No.: S6840583A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1414064F



Name
YEO TEOW MENG
楊 兆 銘

Race
CHINESE


Date of birth
08-04-1960

Sex
M


Country/Place of birth
SINGAPORE



5316290



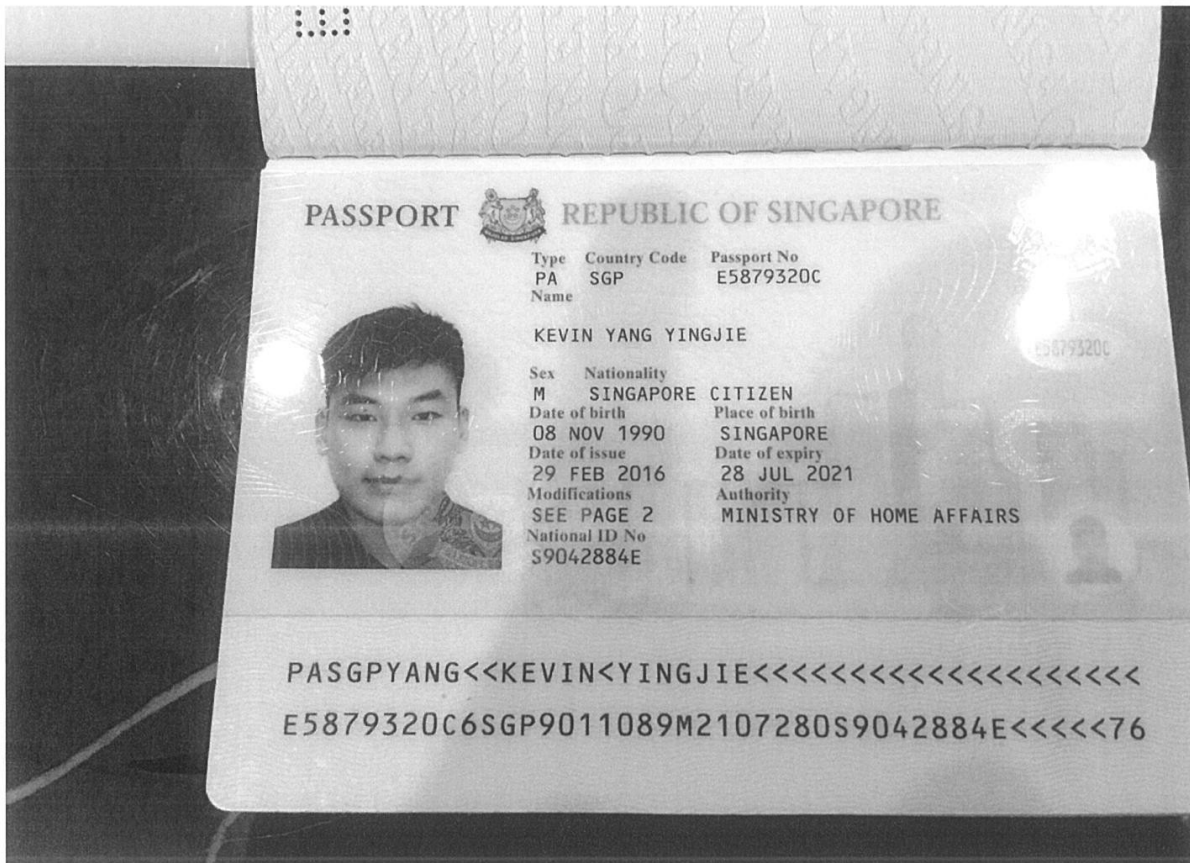
NRIC No. S1414064F



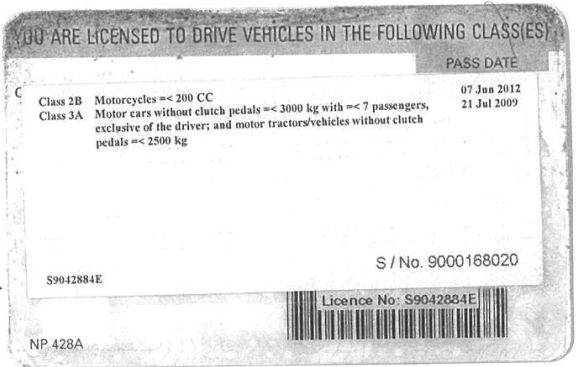
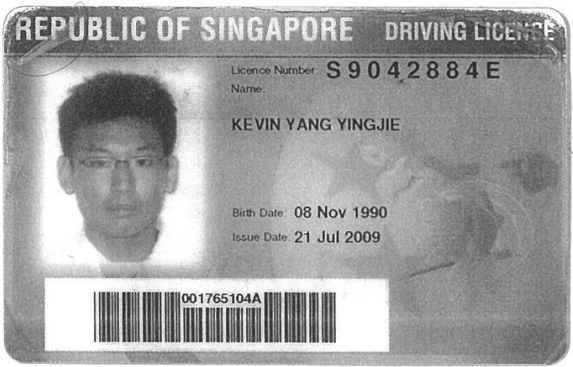
Date of issue
12-06-2014

50 LORONG 40 GEYLANG #06-34
SINGAPORE 398074

NRIC No: S1414064F Date: 08/12/2014 (R)



DRIVER'S DRIVING LICENCE Pg. 1



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER





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: S66550020G / GST Reg. No.: M400017735

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 : MLHM19063388 Vehicle Registration No: SGH 8448P
Name(as shown in NRIC) : Kevin Yang Yingjie NRIC/FIN/Passport No : S9042884E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 50 Lorong 40 Geylang #06-34 Singapore(398074)
Contact (Tel) : _____ Mobile No. : 96829889
Email Address : _____
Date of Accident : 15/05/2019 Time of Accident : 08:30 hours
Place of Accident : open car park at 4 Block 7 at NTU
Insurance Company: MSIG Insurance (Singapore) Pte Ltd

(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:

To upload sketch plan.

Kevin Yang Yingjie

Policyholder / Driver's Signature

Date: 16/05/2019



Reporting Centre Personnel's Signature

Name: Jenny Lim

NRIC/FIN No.: S6927273H

Date: 16/05/2019