

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	21/05/2019 10:01
Date Of Accident	20/05/2019 16:40
Exact Location Of Accident	ALONG BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ8267A
Insured/Policyholder	
Name Of Registered Owner	ROSS STRAND
Passport No/FIN	G3048130K
Email Address	STRAND.CM@PG.COM
Mobile Phone No	(LOCAL) +65-98639782
Alternative Phone No	OTHERS-97237342

Vehicle Particulars

Manufacturer	BMW
Model	420
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	YES
Policy Number	
Cover Note Number	10120609

Driver

Name of Driver	STRAND CATHERINE MARGARET
Passport No/FIN	G5462545L
Date Of Birth	22/11/1975
Occupation	INDOOR
Date Of Driving Pass	03/11/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98639782
Fax Number	
Contact Number	OTHERS-97237342
EEmail Address	STRAND.CM@PG.COM

Address	3 HULLET ROAD #11-07 URBAN SUITES
Postcode	229158
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE

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

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	SGV7280M
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON LEONG
NRIC/Passport Number	S0191667Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

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.

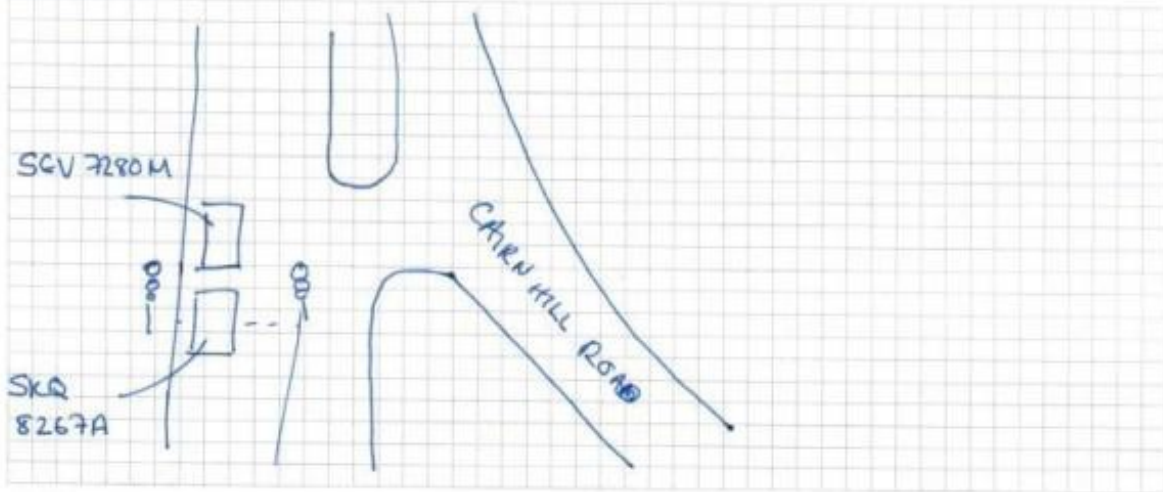
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21st May 2019
10:00 AM


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Setting off at traffic lights, the vehicles in front started to move. I set off and the car in front stopped. I was unable to stop sufficiently quickly, and despite braking, went into the rear of the car in front.

DECLARATION

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

Policyholder's Signature
Date & Time:

GUARVC SketchPlanForm_V3

CMSL
Driver's Signature
(If driver is not the policyholder)
Date & Time: 21 May 2018
10:05 AM

21/05/2018
Reporting Centre Personnel's Signature
Name: Kosh
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



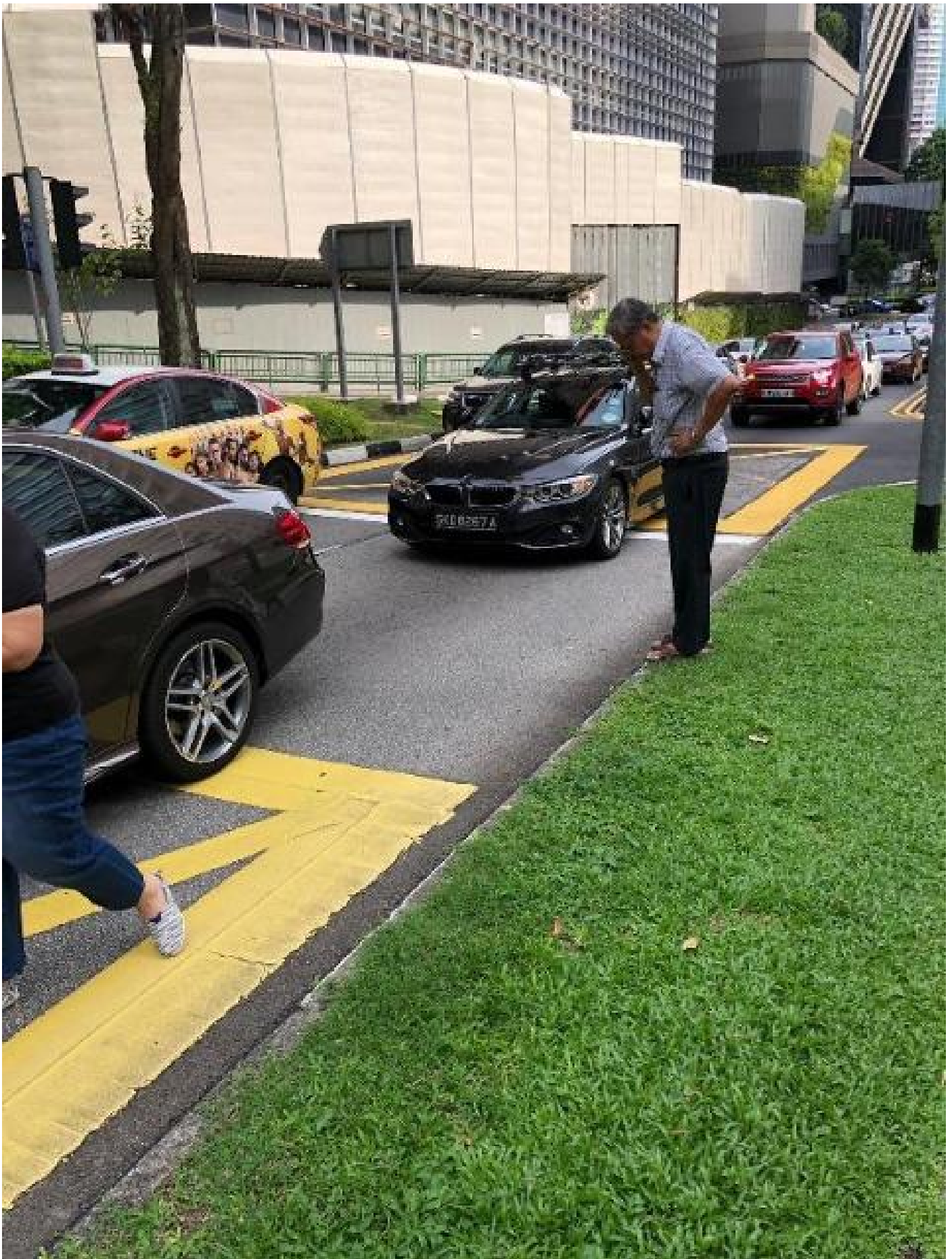
Accident Photo



Accident Photo



Accident Photo



Accident Photo



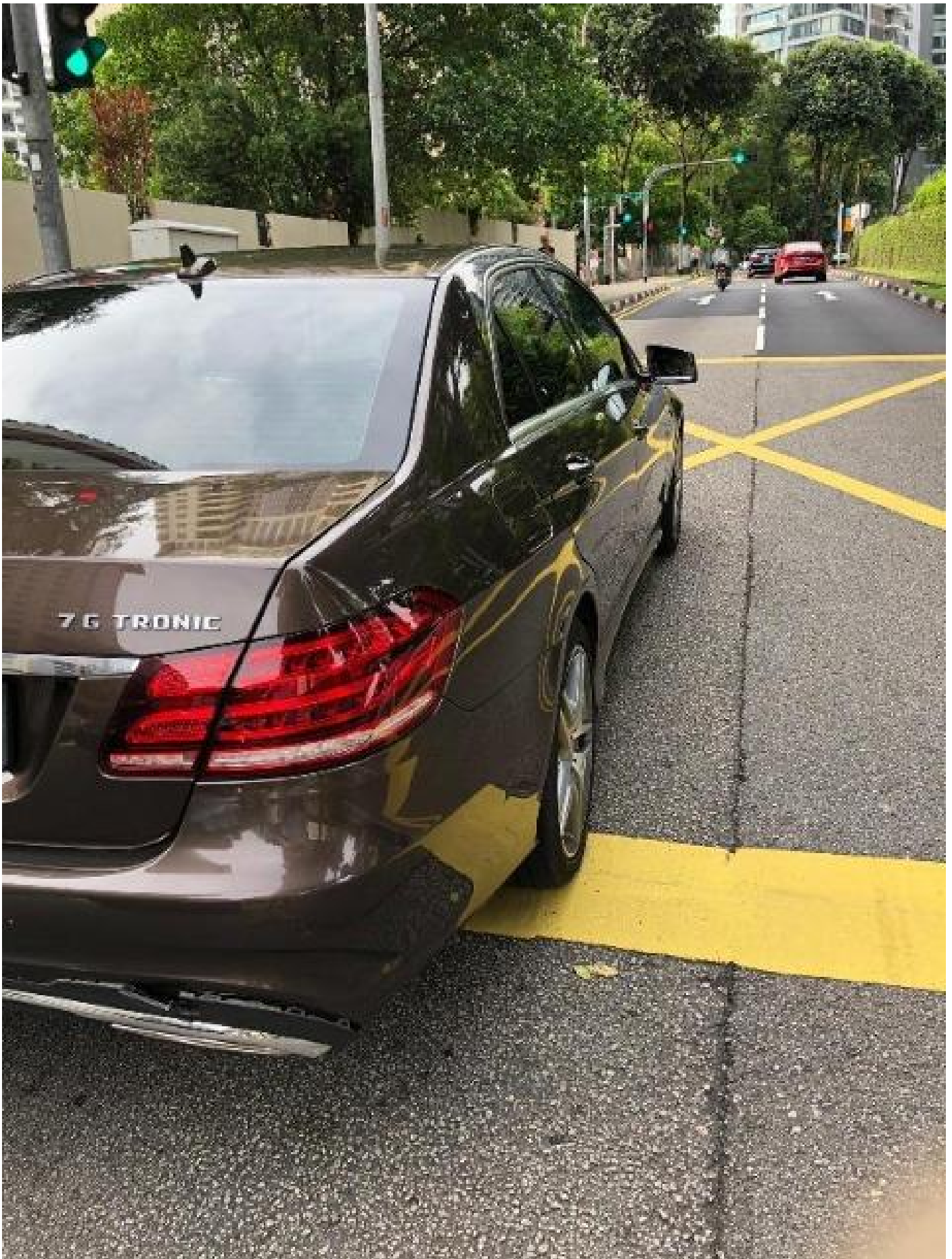
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

Issuing Authority: **G5482546 L**

Name: **STRAND CATHERINE MARGARET**

Ref. Date: **22 Nov 1976**
 Exp. Date: **03 Nov 2014**
 Valid Till: **03 Nov 2019**

063261880C



EMPLOYMENT PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer: **PROCTER & GAMBLE INTERNATIONAL OPERATIONS SA SINGAPORE BRANCH**

Name: **STRAND CATHERINE MARGARET**
 Occupation: **FINANCE MANAGER**

P. No: **G5482546L** Date of Application: **08-07-2011**
 Date of Issue: **18-08-2012**
 Date of Expiry: **08-08-2020**

19232791



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

Class 3 Motor Car < 3500 kg with < 7 passengers, as defined 03 Nov 2014
 of the driver; and other motor vehicles as defined

License No: G5482546L



VISIT PASS
 Immigration Regulations

Name: **STRAND CATHERINE MARGARET**

Date of Birth: **22-11-1976** Sex: **F** Nationality: **BRITISH**
 P. No: **G5482546L** Date of Issue: **18-08-2012** Date of Expiry: **08-08-2020**

**YOU ARE TO SUBMIT THIS CARD WHEN IT IS CHECKED
 OR HAS EXPIRED, SO THAT A NEW CARD ISSUED TO YOU.**



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0020 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No: M400017731

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: M40489064924 Vehicle Registration No: SKB 8267A
Name (as shown in NRIC): CATHERINE M STRAND NRIC/FIN/Passport No: 65462545L
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 3 HULLER RD 11-07 URBAN SUMO Singapore (221158)
Contact (Tel): - Mobile No: 9723 7342
Email Address: strand.cm@pg.com
Date of Accident: 20/05/19 Time of Accident: 16:40
Place of Accident: BINEFERD RD
Insurance Company: MSIG

(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:

Change from reporting to an damage claim

CMH
Policyholder / Driver's Signature
Date: 31/05/19

[Signature] 31/05/2019
Reporting Centre Personnel's Signature
Name: Rashid Umar
NRIC/FIN No.: -
Date: -