### 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	22/05/2019 10:18		
	Date Of Accident	18/05/2019 09:40		
	Exact Location Of Accident	JUNC TAMPINES RD & KPE		
	Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE			
	Vehicle Registration Number	XE213S		
	Insured/Policyholder			
	Name Of Registered Owner	KAO LEE ALUMINIUM INDUSTRIAL PTE LTD		
	Co Reg No	199200559E		
	Email Address	NOEMAIL		
	Mobile Phone No	(LOCAL) +65-81634120		
	Alternative Phone No	OFFICE-81634120		
	Vehicle Particulars			
	Manufacturer	MITSUBISHI		
	Model	FUSO FV51SS3VDEA		
	Exact Purpose for which vehicle was being used at time of accident	WORKING		
	Are you claiming under your own insurance policy for repair to your vehicle?	NO		
	If No, Please state action to be taken	REPORTING ONLY		
	Vehicle Category	COMMERCIAL VEHICLE		
	Insurance Company			
	Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.		
	Type Of Coverage	COMPREHENSIVE		
	Fleet Policy	NO		
	Policy Number	A28657027MKC		
	Cover Note Number			
	Driver			

## Driver

Name of Driver

YUEN KIN KIONG

NRIC No

S1291930A

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

13/04/1981

Driving Experience 38 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91062597

Fax Number

Contact Number OFFICE-91062597

EMail Address NOEMAIL

Address BLK 106 SIMEI STREET 1

#07-802

Postcode 520106

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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?

YES

Was any other material or property damaged? 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**

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE TOO LARGE

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBG5380J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

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### Accident Sketch Plan

### SKETCH PLAN

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- 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:

- 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)
  - (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.
- 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:

ver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

### **Accident Sketch Plan**

KETCH PLAN		
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SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Refer to state		
		_
CIABATION		
CLARATION /e declare the foregoing par	ticulars are true in every respect.	
icyholder's Signature de & Time	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:



















