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 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.

ACCIDENT STATEMENT	
Date Of Report	28/05/2019 13:30
Date Of Accident	28/05/2019 09:30
Exact Location Of Accident	AFTER THOMSON ERP GANTRY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ4110U
Insured/Policyholder	
Name Of Registered Owner	DAPHNE WEE LII KIM
NRIC No	S7811997G
Email Address	DAPHKNEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97979922
Alternative Phone No	OFFICE-97979922
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF 1.2 TLBM 81 TSI D7F
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	A 29068649 AVW
Cover Note Number	
Driver	
Name of Driver	DAPHNE WEE LII KIM
NRIC No	S7811997G
Date Of Birth	02/05/1978
Occupation	INDOOR
Date Of Driving Pass	20/03/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97979922
Fax Number	
Contact Number	OFFICE-97979922
EMail Address	DAPHKNEE@HOTMAIL.COM

Address	59 JALAN LEBAN
Postcode	577596
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	CHAIN COLLISION
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
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: : DEBORAH WEE 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

MORE DETAILS PLEASE REFER TO SKETHC PLAN

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	SKK7675T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BOON KHENG
NRIC/Passport Number	S1754899I
Contact Number	98501491
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFX6628C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WOO FOOK WAH
NRIC/Passport Number	S1471872I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

   (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:

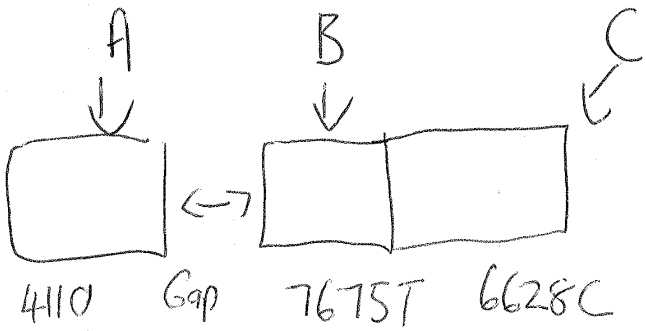
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 1:13 pm 28/5/19	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN

930 am after Thomsan ERP Gantry 28/5/2019



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was the first car in 3 car pile up this morning. Gap between first car and me. Bumper cracked, Right side appears out of body. Front Passenger in my car. Warning orange Light and also carplate light have been turned on.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 110 pm 28/5/19	(If driver is not the policyholder) Date & Time: 110 pm 28/5/19	Name: NRIC/FIN No.:

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Tel: (65) 6827 7888 Fax: (65) 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

VW DRIVEEASY — RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
A 29068649 AVW	08/01/2019 to 07/01/2020	SINGAPORE

Name and Address of Insured	Date of Issue
Daphne Wee Lii Kim 59 Jalan Leban Sembawang Hills Estate SINGAPORE 577596	02/01/2019
	Account Number
	156346

Premium	GST		Total Due
SGD1,473.08	SGD103.12		SGD1,576.20

RISK NUMBER 1 VW DRIVEEASY

OCCUPATION

Indoor Occupation

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SLJ4110U	**SUM INSURED**	MARKET VALUE
MAKE/MODEL	Volkswagen Golf 1.2 TSI AT	**INCL. COE/PARF**	YES
ENGINE NUMBER	CYV155907	**OFF-PEAK CAR**	NO
CHASSIS NUMBER	WVWZZZAUZGW334971	**NO CLAIM DISCOUNT**	20.00 % (or F/D)
YEAR OF MFG	2016	**NCD PROTECTOR**	NOT COVERED
CAPACITY	1,197 C.C.	**EXCESS**	SGD500
SEATING CAPACITY	5 (INCL. DRIVER)	**ANNUAL PREMIUM**	SGD1,473.04
WINDSCREEN	UNLIMITED		

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Daphne Wee Lii Kim
Any other person provided he is driving on the Insured's order or with the Insured's permission.

Driving License

9797 9927

daphknee @ hotmail . com

Identification Card

Accident Photo

Accident Photo

Accident Photo

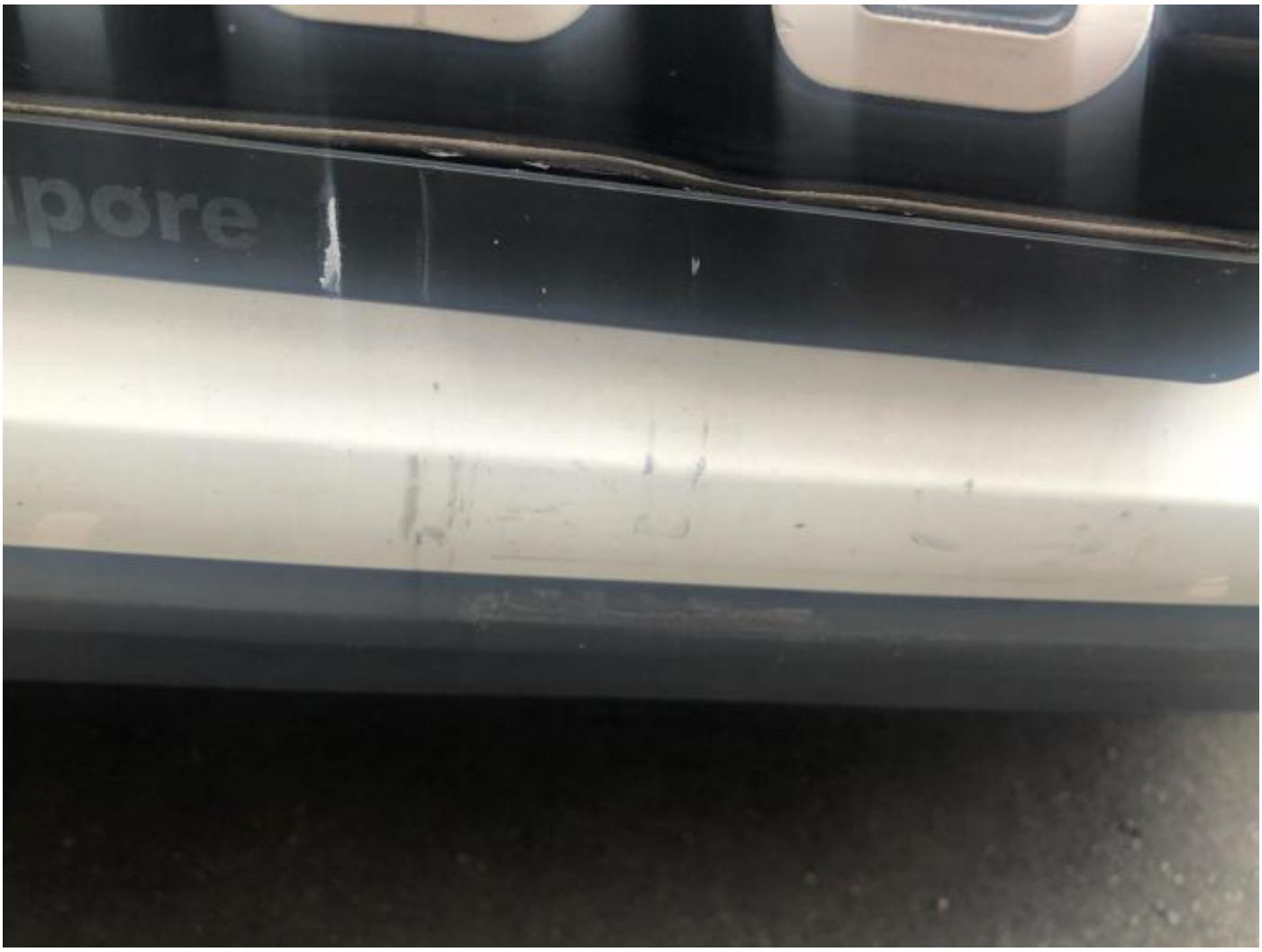
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

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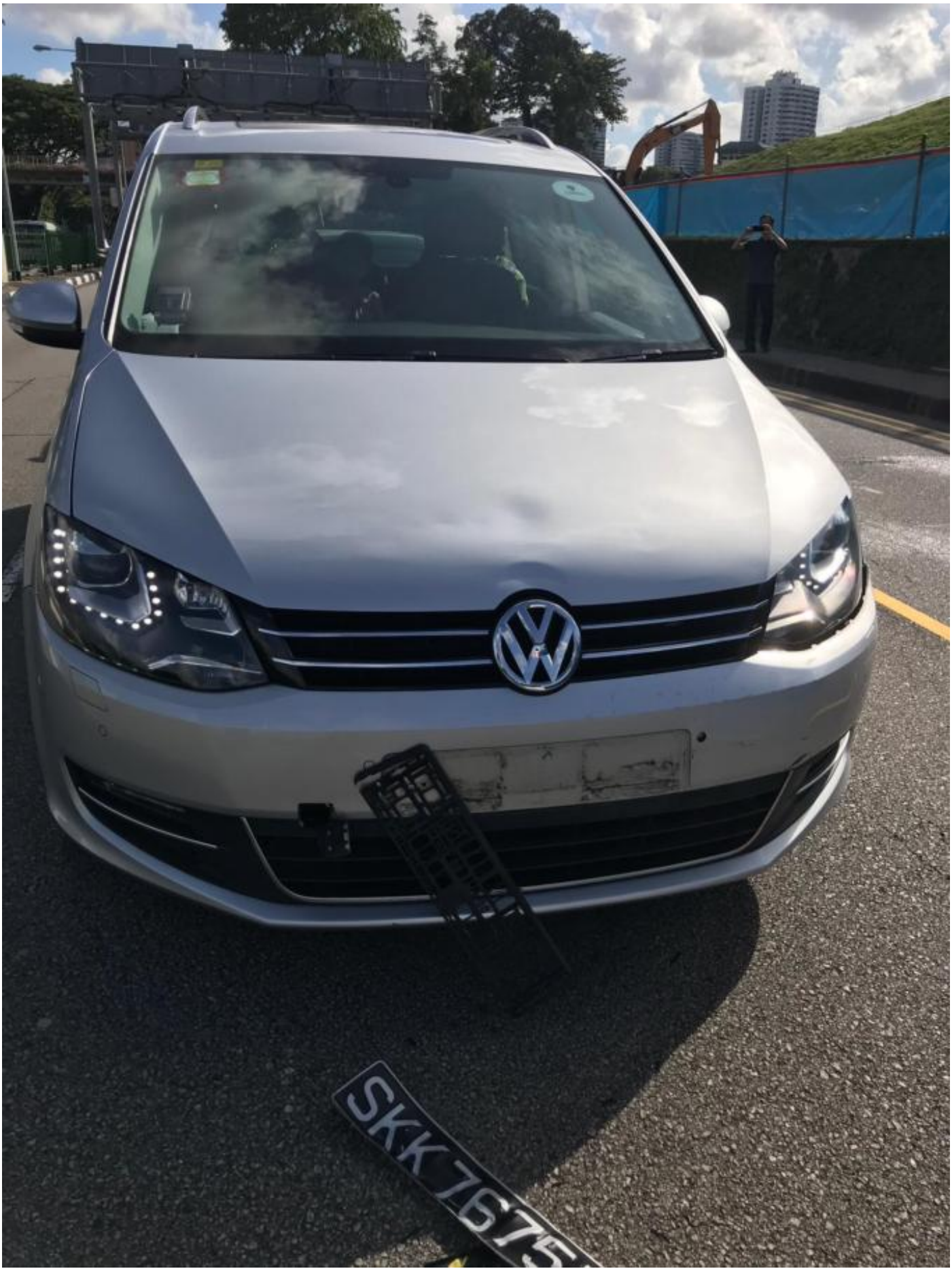

Accident Photo

Accident Photo