#### 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	30/05/2019 10:36
Date Of Accident	29/05/2019 08:45
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT3764K
Insured/Policyholder	
Name Of Registered Owner	SINGUNION SHIPPING PTE LTD
Co Reg No	-
Email Address	LEO_GUNNER@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81288655
Alternative Phone No	OFFICE-81288655
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 27378501 MCX
Cover Note Number	
Driver	

Name of Driver

NRIC No

S7268725F

Date Of Birth

28/06/1972

Occupation

INDOOR

Date Of Driving Pass

LIU GUANGHUI

S7268725F

11/05/2009

Driving Experience 10 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81288655

Fax Number

Contact Number OTHERS-81288655

EMail Address LEO GUNNER@YAHOO.COM

768 BEDOK RESERVOIR ROAD Address

#04-27

Postcode 479249

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**

**CHAIN COLLISION** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

#### Other Information

ambulance?

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

NO

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**

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

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

Vehicle Registration Number SLG8835B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR Name of Driver ANG PEK SOON S7002037H NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Vehicle Registration Number

GBF9959U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE GUAN DEQING

S2656482D

#### Sketch Plan

### SKETCH PLAN

### **IMPORTANT NOTICE**

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
  - 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:
  - 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

Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Date & Time-

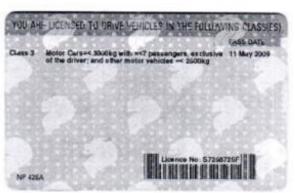
2	TWAS <	PIE
(2	KBKAL	
PE  DESCRIBE CIRCUMSTANCE		A-SJT3764 B-SLG8835 C-GBF 9959
	1294 MAY 2019	
LOCATION: PI	E TOWARDS THAS DIRECTION IL LEFTEST LANE	BETORE SLIP ROAD TO KPE.
		E THUS DUABLE TO AVOID THE
	ALL ACCIDENT	
7	CLE A: BOARD dant be	
VEHAC	CLE A: BORNOT dant be	ent aged & bent / Bonnet bent

### Sketch Plan #3









FOT LYKINAC USE ONLY



