

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	11/06/2019 09:50
Date Of Accident	10/06/2019 12:30
Exact Location Of Accident	MARINE PARADE RD ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2923J
Insured/Policyholder	
Name Of Registered Owner	VIBHA KUMRA
NRIC No	S2195230C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94350786
Alternative Phone No	OFFICE-94350786

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 250 SEDAN (R17)
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	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	A 27947387 QMY
Cover Note Number	-

Driver

Name of Driver	VIBHA KUMRA
NRIC No	S2195230C
Date Of Birth	08/12/1953
Occupation	INDOOR
Date Of Driving Pass	20/02/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94350786
Fax Number	
Contact Number	OFFICE-94350786
Email Address	NOEMAIL

Address	5 TANJONG RHU RD #08-02
Postcode	436882
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	COLLISION - ROUNDABOUT
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN 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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7412H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD ASDALY SYAFIE BIN ADAM
NRIC/Passport Number	S8304424A

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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:

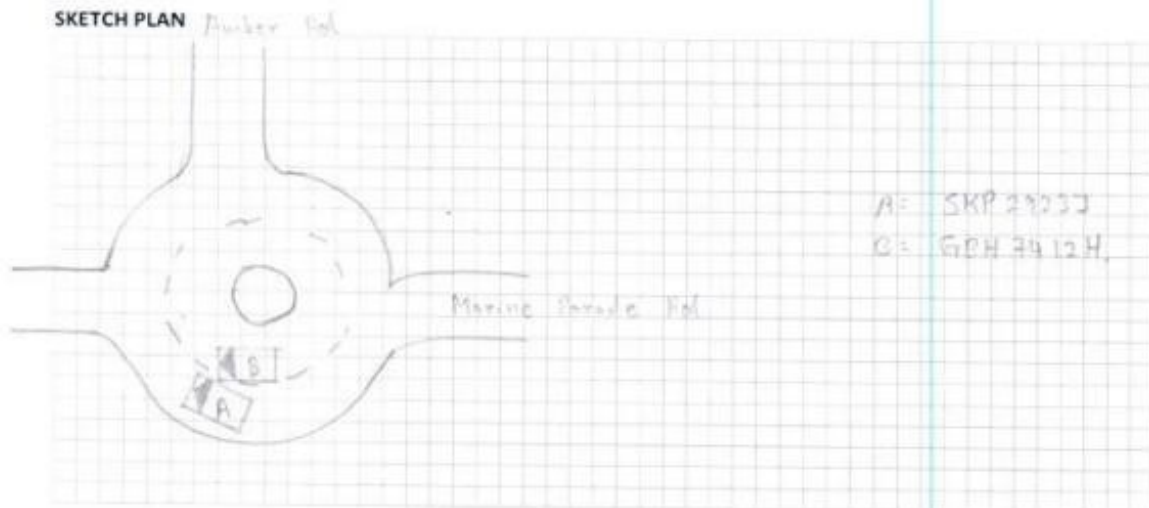


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10th June 2019 at around 12:30pm I was driving down Marine Parade Road, slowed down as I was joining the round about, As there was no on coming traffic. I was on the outer lane turning towards Amber Rd, at the speed of 25 Kmph. The Roads were dry and no rain with clear vision. Suddenly the van licence number GBH7412H driven by Mr. Muhammad Asdaly Syafie Bin Adam (S8304424A) came from behind on my right hand side and collided into the right hand driver door.

After the impact I wasn't able to stop immediately and continued to drive so that I could park on the left hand side of the road, as so as not to obstruct traffic on roundabout. This resulted in my car being scratched from the drivers door to the back fender. There was minimal damage to van (only scratch) and no injury to either party. There were 4 persons in my car including me, that are willing to testify on my behalf. to confirm that Van was at fault. In addition there was another car behind both cars that witness the accident and is willing to ~~testify~~ confirm van drivers mistake. Van driver has given me contact details to confirm/verify above accident details.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

DRIVING DOC

REPUBLIC OF SINGAPORE
IDENTITY-CARD NO. S2195230C



Name
VIBHA KUMRA

Race
INDIAN

Date of birth
08-12-1953

Country of birth
INDIA

Sex
F

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S2195230C

Name
VIBHA KUMRA

Valid Date
08 Dec 1953

Issue Date
27 Dec 2002



3880127



NRIC No. S2195230C



Date of issue
23-03-2006

5 TANJONG RHU ROAD #06-02
SINGAPORE 436882

NRIC No: S2195230C Date: 07/09/2008 No: 6071569

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PAGE DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms 25 Feb 1979

License No: S2195230C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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