# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/06/2019 13:56

### 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

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	ACCIDENT STATEMENT
Date Of Report	11/06/2019 13:48
Date Of Accident	08/06/2019 16:30
Exact Location Of Accident	PAYA LEBAR ROAD AND TURNING LEFT TO EUNOS AVENUE 5
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDS84K
Insured/Policyholder	
Name Of Registered Owner	SOH ENG KUANG
NRIC No	S1182067J
Email Address	JESSIECHONG09@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96204123
Alternative Phone No	OFFICE-96204123
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8VPCP1823570
Cover Note Number	
Driver	
Name of Driver	CHONG CHEW YOON
NPIC No.	\$1302776F

NRIC No S1392776F
Date Of Birth 18/10/1959
Occupation INDOOR
Date Of Driving Pass 08/09/1986

Driving Experience 32 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96204123

Fax Number
Contact Number

EMail Address JESSIECHONG09@HOTMAIL.COM

Address 95 FARRER DRIVE #01-05

Postcode 259291

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)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

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**

REFER STATEMENT (ATTENDED BY: JAMES NG)

## 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 SKV7201U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **SKETCH PLAN**

#### IMPORTANT NOTICE

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- 3. Information provided must be as <a href="mailto:truthful and accurate as possible">truthful and accurate as possible</a>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <a href="mailto:repudiate policy liability">repudiate policy liability</a>.
- 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.
- 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)

lunderstand, 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.
- 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.

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

.11 JUN 2019

Reporting Centre Personnel's Signature
Name G WING KIN JAMES
NRICHN No.:
admin.vac@vicom.com.sg

GIAIGMC SherchPlanfoon\_43

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Date & Time: acmin.vac@vicom.com	•	(If driver is not the policyholder)
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EDAR of Exploy of losurance

a Parsons of Classes of Parsons appliced to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the beensing or other laws or regulations to drive the Novo-Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any creatment or regulation in that behalf from driving the Motor Vehicle.

34 Sep 2019

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and been supported as the time of the acculent loss of deriver

J.Lunitations as to Use\*

Use only for social, domestic & pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, taltion, driving test, racing, pace making reliability trial, specdytesting the carriage of goods (other than samples) in connection with any triade, or business or use for any purpose in connection. with the Motor Trade

\*Luminations rendered inoperative by Section 8 of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 180) and Seation 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Major Vehicles (Third Party Risks & Compenhation ) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia)

For MSIG Insurance (Singapore) Pre. Ltd.

Approved Insurer

Not walld unless connectioned by Authori

IMPORTANT NOTICE

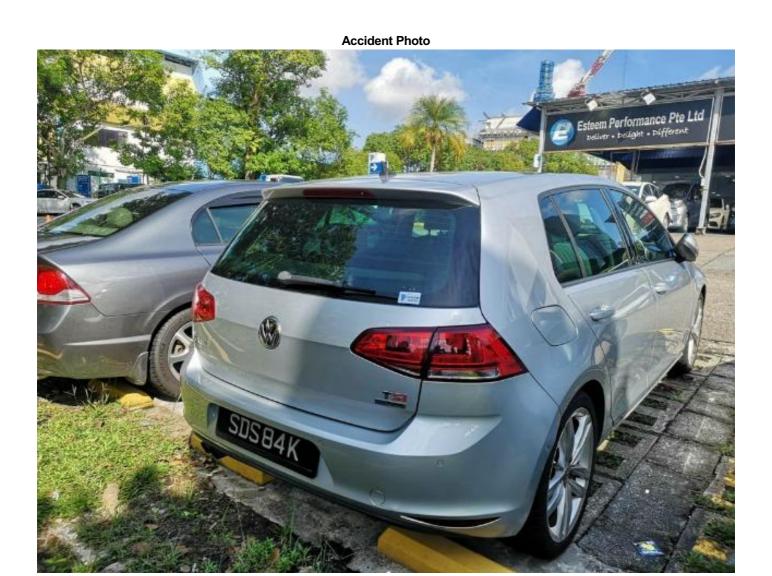
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Certificate has been tent or destroyed a Statutory Declaration to that their must be made if note to comply with this obligation or any effective as a productry increases tagginated.
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8 you are now about a no accident to a decision must be forwarded immediately to the Company.

programme Motor Centilization Distriction only













**Driving License** 





