

## 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	13/06/2019 16:08
Date Of Accident	12/06/2019 14:00
Exact Location Of Accident	TAMPINES AVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4947J
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#### Insured/Policyholder

Name Of Registered Owner	WONG GUO HAO,GABRIEL
NRIC No	S8603887J
Email Address	MOONFA11@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91090168
Alternative Phone No	OFFICE-91090168

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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 29124160QMY
Cover Note Number	

#### Driver

Name of Driver	WONG GUO HAO,GABRIEL
NRIC No	S8603887J
Date Of Birth	21/02/1986
Occupation	INDOOR
Date Of Driving Pass	06/03/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090168
Fax Number	
Contact Number	OFFICE-91090168
EMail Address	MOONFA11@HOTMAIL.COM

Address	APT BLK 604 ELIAS ROAD #08-216
Postcode	510604
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 - 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?	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)	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

SEE ATTACHED SKETCH PLAN AND PHOTO

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6860C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	96706329
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

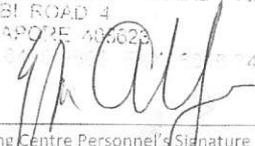
I understand, acknowledge, agree and consent that:

- (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.

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6742 7492

X   
Policyholder's Signature  
Date & Time:  
13/6/19, 1553H

P   
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
13/6/19, 1555H

  
Reporting Centre Personnel's Signature  
Name: EMER AWOISO  
NRIC/FIN No. G3962824L

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

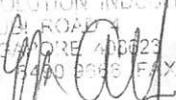
On 13 Jun 19 at around 1400H, I was driving my vehicle,
a Nissan Note (SLC4947J) and was about to make a left turn
onto Tampines Ave 12 (towards Pasir Ris). While I was turning, I
noticed a man crossing the road on a PMD (green maa was on).
I immediately stopped to let him pass. However, I felt a
bump at the rear of my car, which indicated that my car
had been hit from behind.
I stopped my car at the side of the road at Tampines Ave 12,
got out to assess the damage. The person who drove the vehicle that
hit my car also stopped his car behind. Both of us got out to
assess the damage.
I did not notice any injuries on him and he appeared to be walking
normally. I also noticed that the bumper of my car was dented.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:  
 13/6/19, 1535H

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:  
 13/6/19, 1535H

AUTOLUTION INDUSTRIAL PTE LTD  
 18 LIA ROAD  
 JINGMUIRE #0823  
 TEL: 6440 8888 FAX: 6346 7400  
  
 Reporting Centre Personnel's Signature  
 Name: ELMER ANTONSO  
 NRIC/IN No.: G3462824L