

## 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	13/07/2019 12:03
Date Of Accident	12/07/2019 18:40
Exact Location Of Accident	CTE TWDS AMK B4 MOULMEIN RISE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW809S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SNG WEE TAT
NRIC No	S6841462H
Email Address	NOEMAIL
Mobile Phone No	(FOREIGN) 012-3323500
Alternative Phone No	OTHERS-92330809

### Vehicle Particulars

Manufacturer	BMW
Model	730I
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29092776 QMY
Cover Note Number	

### Driver

Name of Driver	LOH PUAY HOON
NRIC No	S7240433E
Date Of Birth	28/10/1972
Occupation	INDOOR
Date Of Driving Pass	26/11/1992
Driving Experience	26 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92330809
Fax Number	
Contact Number	
Email Address	LOH1972@HOTMAIL.SG

Address	57 SELETAR GREEN WALK
Postcode	805231
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	SIDE SWIPE
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: : 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SHB8084A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
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	SJZ2725Z
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)	

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

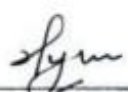
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

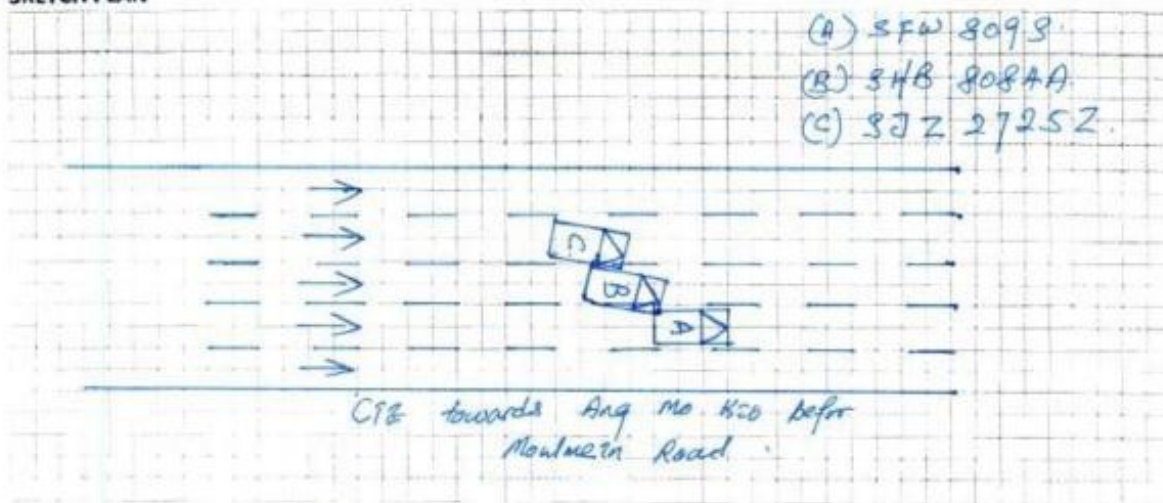
  
Policyholder's Signature  
Date & Time:

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

 13/07/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Individual Statement

## SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

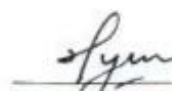
On 12/07/19 at @ 1840 hr, I was travelling in my vehicle (SFW 809S) along CTE towards Ang Mo Kio before Moulmein Road exit, on the 2nd lane from the right. Suddenly, I felt a great impact from the rear of my vehicle. My passenger then went down window and question the taxi (34B 808AA) that had collided onto my car. The taxi driver, said that vehicle C (SJZ 2725Z) has collided onto him then caused him to collide onto my car. Vehicle C did not stop, so both of us chase and I horned continuously. Finally, vehicle C stopped after the entrance of Moulmein Road road shoulder. We then stopped down and exchange contact number and take photos.

## 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:

 13/07/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



# Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6641462H

NAME  
SNG WEE TAT  
孫偉達  
Date of Birth  
27-11-1968  
Country of Birth  
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE  
S6641462H

SNG WEE TAT  
Date of Birth: 27 Nov 1968  
Issue Date: 24 May 2009

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7240433E

NAME  
LOH PUAY HOON  
盧培芬  
Date of Birth  
28-10-1972  
Country of Birth  
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE  
S7240433E

LOH PUAY HOON  
Date of Birth: 28 Oct 1972  
Issue Date: 12 Aug 2007

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6641462H

NAME  
SNG WEE TAT  
Date of Birth  
27-11-1968  
Country of Birth  
SINGAPORE

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors (the weight of which vehicles does not exceed 3500 kilograms)

ISSUE DATE: 19 Jul 1988

License No: S6641462H

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7240433E

NAME  
LOH PUAY HOON  
Date of Birth  
28-10-1972  
Country of Birth  
SINGAPORE

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars (3000kg with 4+1 passengers, exclusive of the driver, and other motor vehicles > 3000kg)

ISSUE DATE: 24 Nov 1987

License No: S7240433E