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 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.	
	ACCIDENT STATEMENT
Date Of Report	19/07/2019 15:08
Date Of Accident	18/07/2019 17:35
Exact Location Of Accident	ALONG PIE TOWARDS BKE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU339H
Insured/Policyholder	
Name Of Registered Owner	NAM LEONG CO PTE. LTD.
Co Reg No	195800019C
Email Address	GODFREY@NAMLEONG.COM.SG
Mobile Phone No	(LOCAL) +65-90040577
Alternative Phone No	OFFICE-90025951
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC 250
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29115379 MCY
Cover Note Number	
Driver	

Name of Driver LIM MUI KHIM (LIN MEIQIN)

NRIC No S7442442B Date Of Birth 22/12/1974 Occupation **INDOOR Date Of Driving Pass** 16/06/1997

Driving Experience 22 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90040577

Fax Number

Contact Number OTHERS-90025951

EMail Address GODFREY@NAMLEONG.COM.SG

3D SARKIES ROAD Address

Postcode 258122

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

Type Of Accident **CHAIN COLLISION**

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

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : DAUGHTER

GENDER: : FEMALE

Passenger 2 NAME: : DAUGHTER

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SMC3268E Vehicle Registration Number Vehicle Make/Model/Colour **TOYOTA VIOS**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KEVIN SEOW JUN HAO

NRIC/Passport Number S9446766G **Contact Number** 81010335

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFQ9399E

Vehicle Make/Model/Colour MINI COOPER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JIA JUN

NRIC/Passport Number

Contact Number 97774132

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: :

GENDER: :

Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - (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.

Policyfolder's Signature Date & Time:

19 3ul 2019 2.45 pm Driver's Signature

(If driver is not the policyholder)

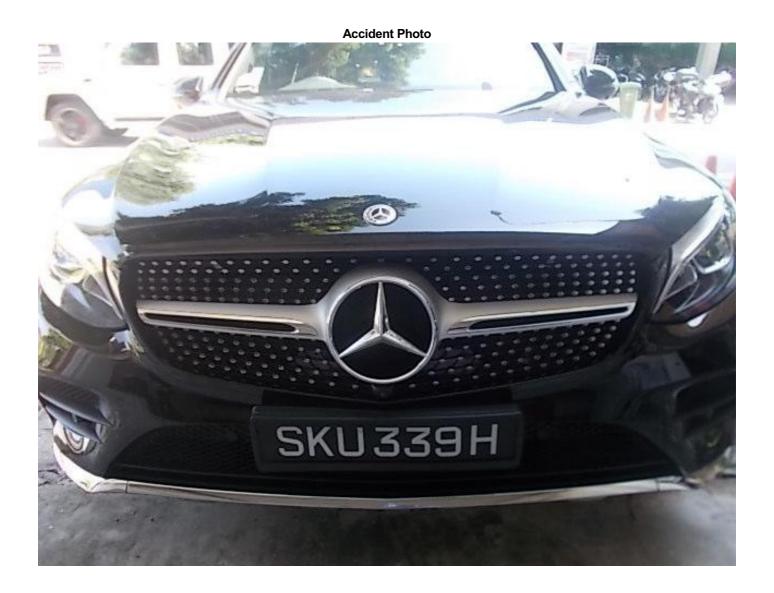
Date & Time: |9 Jul 2

Reporting Centre Personnel's Signat

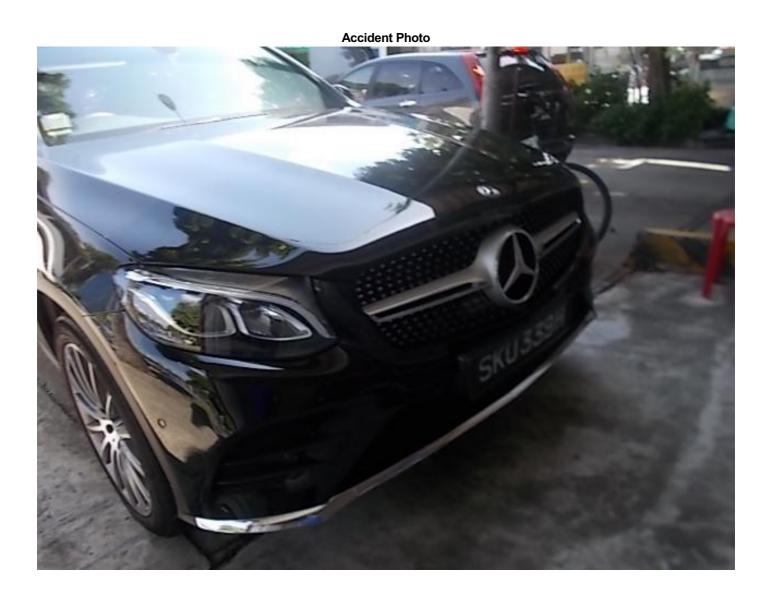
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN PIFE TOWARDS BKE
A) SKU 339日
B/Smc 3268 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c) SFQ9399E
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was driving glora PIE (BKE) hadood towards old Chan Chan kang road. At traffic was heavy, the vehicles on the
road user mains stouly.
The diver behand me, SMC ? 268 E, must have been districted
and crashed heavily into my peop bumper. The posts of the
crash was quite dissetrans.
As a result of this crapt, the impact pushed my SUV can
forward, causing my car to be imported on the car, SFG
7399 GRAGE, which was in front of me. The All the
Hence, there was further damage caused to my front
bumper and areas too.
This was a chain collision between 3 care, of which
who was sandwiched in the model.
William mos sundercred in the most.
DECLARATION
/We declare the foregoing particulars are true in every respect.
(2) - 19/01/h
Policyholder's Signature Driver's Signature Reporting Centre Personnell's Signature Date & Time: (If driver is not the policyholder) Name:
Date & Time: Name: Name: NRIC/FIN No.: WILLIAM NAME: NRIC/FIN No.:
2.4500





























Accident Photo







