#### 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

aforesaid.	ion to the distincting of the report at the sound that to explore of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/08/2019 10:44
Date Of Accident	16/08/2019 19:20
Exact Location Of Accident	ALONG LORNIE HWY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFE2262A
Insured/Policyholder	
Name Of Registered Owner	KEI JEHN MING JEREMY RAPHAEL
NRIC No	S7403041F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98524218
Alternative Phone No	OFFICE-98524218
Vehicle Particulars	
Manufacturer	BMW
Model	530E LED NAV
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29118275APO
Cover Note Number	

#### Driver

Name of Driver JEREMY RAPHAEL KEI JEHN MING

NRIC No S7403041F
Date Of Birth 25/01/1974
Occupation INDOOR
Date Of Driving Pass 22/07/1995

Driving Experience 24 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98524218

Fax Number

Contact Number OFFICE-98524218

EMail Address NOEMAIL

Address 13 PARRY ROAD

Postcode 547197

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?

Was any injured conveyed to hospital by

ambulance?

YES

NO

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS THERE WAS ANOTHER VEHICLE ON MY LEFT SIDE. THE DRIVER SWING OPENED THE DOOR. I SLOW DOWN MY VEHICLE TO A STOP. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### Attachment(s)

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

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number XE194M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver VENKATACHALAM THANGARASU

1

NRIC/Passport Number G7675482P Contact Number 83854381

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 31

#### Accident 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.
- 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
- Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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)
  - (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
- 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**

ETCH PLAN			
			A: SFE22624
			B: XEIGYM
5		1753 1	
2		A	
0		B	
1		8	
SCRIBE CIRCUMSTANCES	ACT AND A SOCIAL PROPERTY OF A SOCIAL POPULATION OF A SOCIAL POPULAT		
neft to stylema	24.		
CLARATION /e declare the foregoing parti	culars are true in every	respect.	
		WAS STEEL STEEL	
A.			
icyholder's Signature	Driver's Signatur		Reporting Centre Personnel's Signature
te & Time:	(If driver is not the Date & Time:	ne policyholder)	Name: NRIC/FIN No.:

# LTA Letter

10:56 

■ vrl.lta.gov.sg

■ vrl.lta.gov.sg

# **Enquire Transaction History**

Log Date/Time:	04 Mar 2019 / 23:51:20
Receipt No.:	
Asset Type:	Vehicle
Transaction Amount:	\$0.00
Asset ID:	5MG4511A
Channel:	Internet
Transaction Type:	02-22 Replace with Bid/Retained/Pers Veh No. (Self)
Business Transaction Reference No.:	201903042351207 84785
Transaction Type:	Replacement
Change Vehicle No.:	SMG4511A
With Vehicle No.:	SFE2262A
Application Date:	28 Feb 2019
IU Label No.:	1128589489
Front Seal No.:	•
Rear Seal No.:	
Chassis No.:	WBAJA92010BN73 798
Licensing Start Date:	28 Sep 2018
Licensing End Date:	27 Mar 2019



















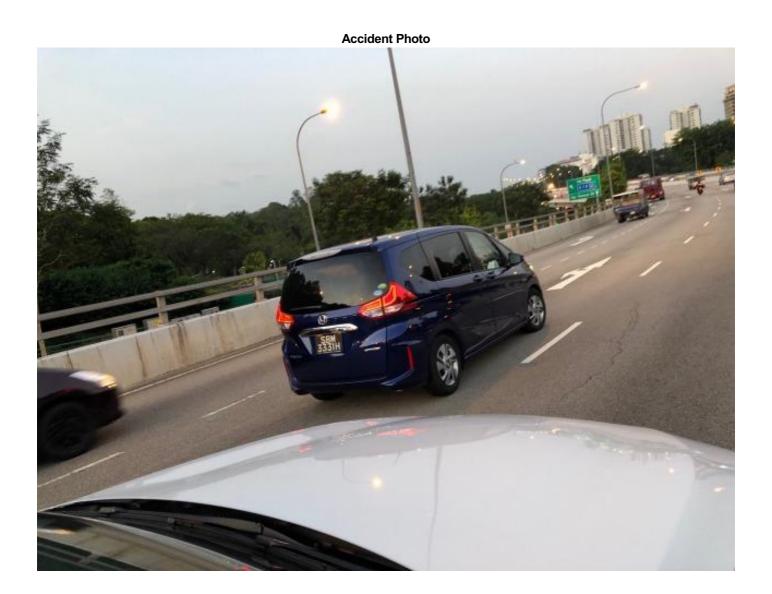


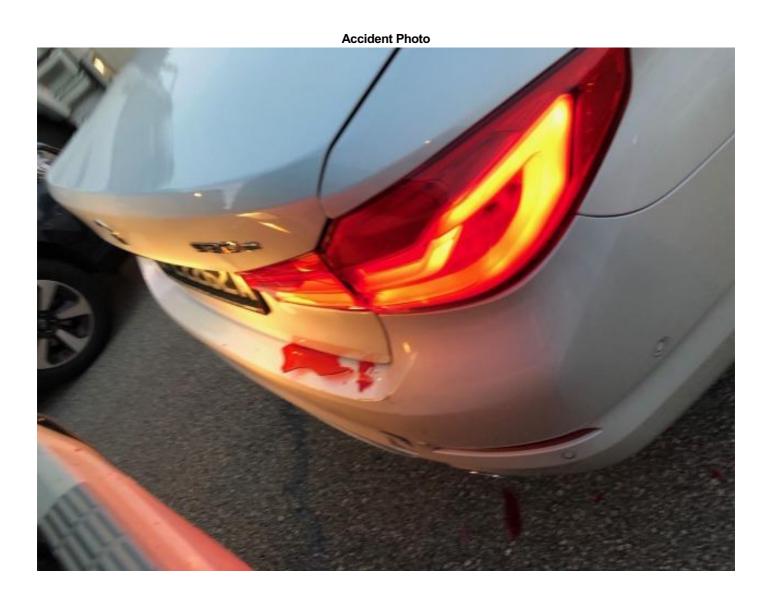


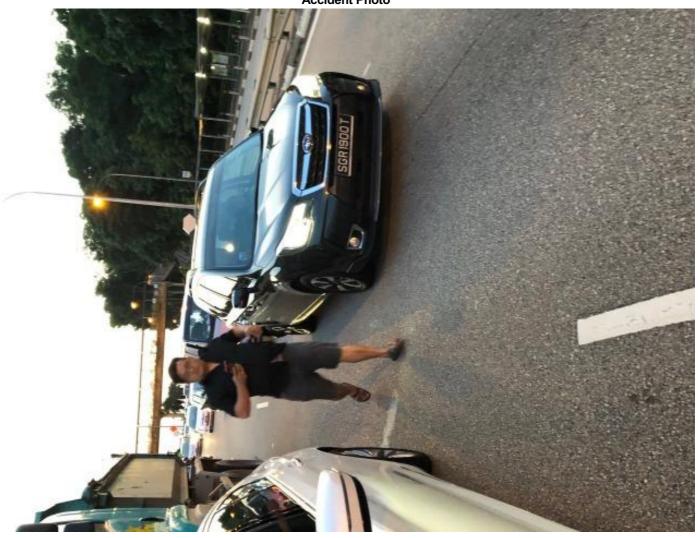




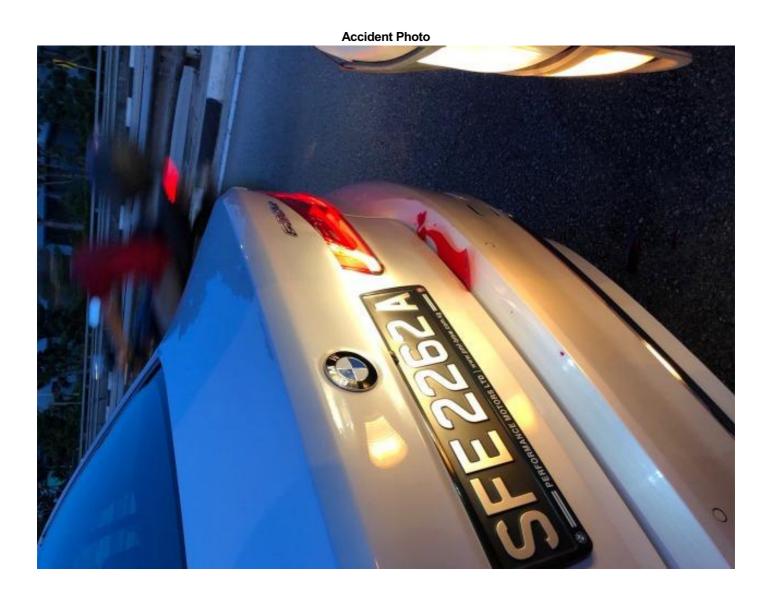




















#### **Addendum Sheet**



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION C 6 Raffles Quay H18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEND	M	
4)	PARTICULARS OF PE	RSON MAKING THE AMENDMENTS	:	
	Original Report No	MNA119107766	_Vehicle Registration No:	SMG4511A
	Name(as shown in NRIC)	KEI JEHN MING JEREMY RAPHAEL	_NRIC/FIN/Passport No :	S7403041F
	(*Vehicle Briver / Ve	hicle Owner) (*) Please delete as ap	propriate	
	Address	13 PARRY ROAD	Singapore (547	
	Contact (Tel)		_Mobile No. : 98524218	
	Email Address			
	Date of Accident	16/08/2019	_Time of Accident : 19:20	)
	Place of Accident	ALONG LORNIE HWY		
Insurance Company: MSIG Insurance (Singapore) Pte. Ltd.			. Ltd.	
	=			
				Van
	Policyholder / Driver Date:	's Signature	Reporting Centre Personame: NRIC/FINNo.: Date:	onnel's Signature

#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEND	JM			
A)	PARTICULARS OF PE	PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
	Original Report No	MNA119107766	Vehicle Registration No: SFE2262A			
	Name(as shown in NRIC) :	JEREMY RAPHAEL KEI JEHN MING	_NRIC/FIN/Passport No: S7403041F			
		hicle Owner) (*) Please delete as ap				
	Address	13 PARRY ROAD	Singapore(547197			
	Contact (Tel)		_Mobile No.:_98524218			
	Email Address :					
	Date of Accident :	16/08/2019	_Time of Accident : 19:20			
	Place of Accident :	ALONG LORNIE HWY				
	Insurance Company:	MSIG Insurance (Singapore) Pte	a. Ltd.			
	100		Jan Jan			
	Policyholder / Driver's Date:	Signature	Reporting Centre Personnel's Signature Name: NRIC/FINNo.: Date:			

GIARMC addendomform, VII.