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.	
	ACCIDENT STATEMENT
Date Of Report	27/08/2019 09:24
Date Of Accident	26/08/2019 07:10
Exact Location Of Accident	ALONG YISHUN RING RD NEAR BLK 849 BESIDE BUS STOP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW6976T
Insured/Policyholder	
Name Of Registered Owner	SOYEE SINGAPORE PTE LTD
Co Reg No	199300886W
Email Address	INFO@SOYEE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62944233
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	FOR WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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 80463780 MCX
Cover Note Number	
Driver	

Name of Driver PANG CHENG CHYANG

NRIC No S1757622D

Date Of Birth 06/09/1966

Occupation OUTDOOR

Date Of Driving Pass 10/10/1988

Driving Experience 30 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87512909

Fax Number
Contact Number

EMail Address NOEMAIL

BLK 432C YISHUN AVE 1 Address

#03-553

Postcode 763432

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 2

Passenger 1

NAME: : PANG SHEALYN

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 SJQ414G

Vehicle Make/Model/Colour **TOYOTA VIOS**

Details Of Properties

PRIVATE CAR

Vehicle Category 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

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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, My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my 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 whicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the of collectively referred to as the "Insurers" lawyers/law firms, the of collectively referred to as the "Insurers" as the police), for the purpose(s) of collectively referred to as the "Insurers" lawyers/law firms, the of collectively referred to as the "Insurers" lawyers/law firms, the of collectively referred to as the "Insurers" lawyers/law firms, the of collectively referred to as the "Insurers" lawyers/law firms, the of collectively referred to as the "Insurers" lawyers/law firms, the of collectively referred to as the "Insurers" lawyers/law firms, the of collectively referred to as the "Insurers" lawyers/law firms, the of collectively referred to as the "Insurers" lawyers/law firms, the of collectively referred to as the "Insurers" lawyers/law firms, the lawyers law
 - 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, involces, reports or notices to m 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
- (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 Purposet; and
- (c) my Personal information may/can be discided 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, nestigation 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

27/08/19

NRIC/FIN No.:

(ii) for complying with requirements under any regulations, laws or court orders.

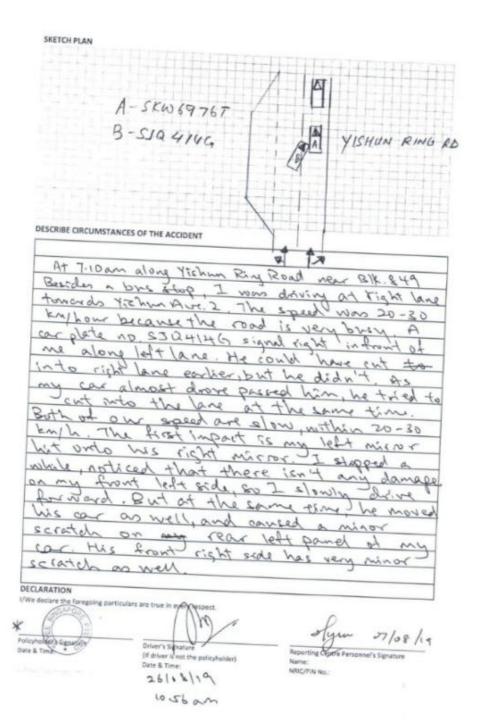
is not the policyholder) Date & Tie

26/08/19

10-58am

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Individual Statement

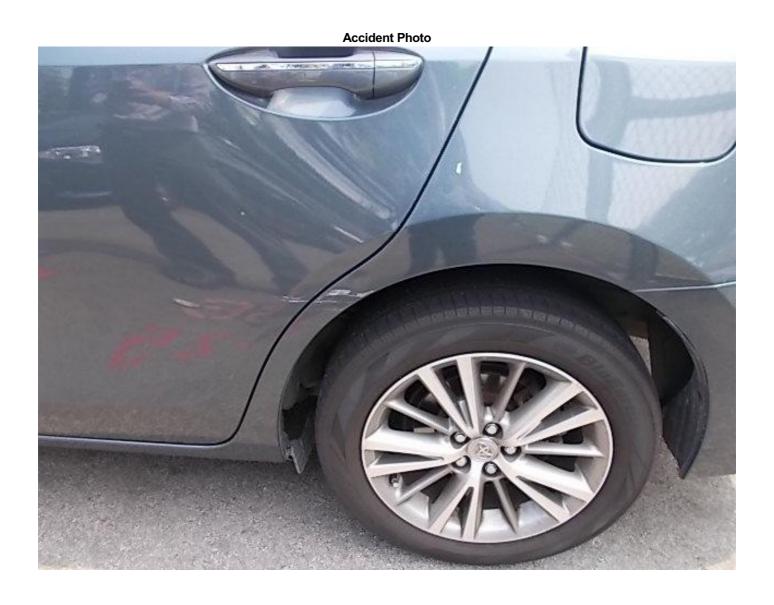
















Identification Card







