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	09/09/2019 12:44
Date Of Accident	10/06/2019 13:10
Exact Location Of Accident	SUNTEC CITY MALL
Country/State of Loss	SINGAPORE
0	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJZ9993U
Insured/Policyholder	
Name Of Registered Owner	LAU WAI HAN(LIU HUIXIAN)
NRIC No	S7927386D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96547979
Alternative Phone No	OTHERS-96547979
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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	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	S 27945374 SMF
Cover Note Number	
Driver	
Name of Driver	LAU WAI HAN(LIU HUIXIAN)
NRIC No	S7927386D

 NRIC No
 \$7927386D

 Date Of Birth
 06/09/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 23/03/2009

Driving Experience 10 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96547979

Fax Number

Contact Number OTHERS-96547979

EMail Address NOEMAIL

BLK 1 PINE CLOSE Address

#04-161

Postcode 390001 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

COLLIDED INTO PROPERTY 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

1

Was any body injured in the Accident? NO

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.

NO 3

Number of Passengers (Including Driver)

Passenger 1 NAME: : LAWRENCE LEOW

> GENDER: : MALE

Passenger 2 NAME: : LEOW YU LING

> 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)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties BARRIER

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

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Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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)
 - (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
- (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, nvestigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclo
 - (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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Ayur 09/09/cg Republik Centre Personner's Signature

Individual Statement

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CLARATION		
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	ars are true in every respect.	2
ECLARATION We declare the foregoing particul Law	ars are true in every respect.	Sym 09/09/19
	Driver's Signature (If driver is not the policyholder)	Heportuk eEntre Personnel's Signature











