

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	16/11/2019 09:50
Date Of Accident	15/11/2019 21:35
Exact Location Of Accident	10 ANG MO KIO ST 12 (MACDONALD DRIVETHRU)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT961C
Insured/Policyholder	
Name Of Registered Owner	SAYROL BIN SORADI
NRIC No	S1128057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93255240
Alternative Phone No	OTHERS-94521045

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS G AUTO

Exact Purpose for which vehicle was being used at time of accident

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	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VPT/19-000187
Cover Note Number	

Driver

Name of Driver	SHERHAN BIN SUHANDI
NRIC No	S8039538H
Date Of Birth	15/12/1980
Occupation	INDOOR
Date Of Driving Pass	10/05/1999
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94521045
Fax Number	
Contact Number	
Email Address	NAHREHS@GMAIL.COM

DETAILS OF INJURED PERSON 1

Name	SHERHAN BIN SUHANDI
Approximate Age	39
Injuries Sustain	WHIPLASH
Injured person in which vehicle?	SJT961C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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, 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: 16/11/2019

10:15 am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/11/2019
10:15 am

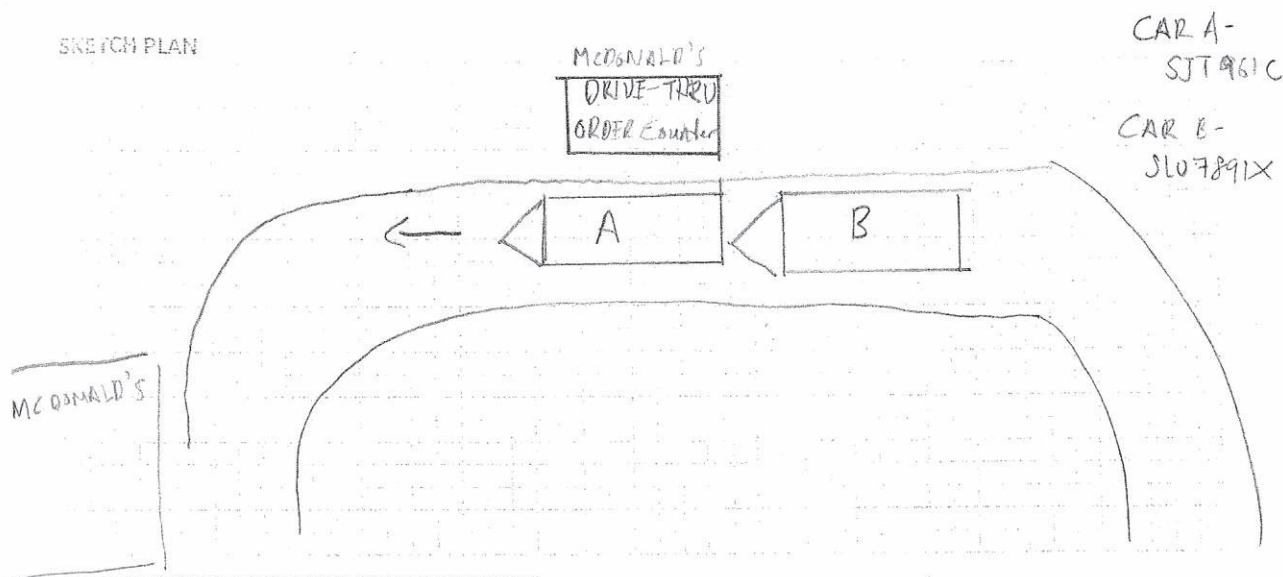
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making an order at the McDonald's Drive-thru counter when suddenly my car, the above-mentioned vehicle 'A' moved forward together with 2 loud bangs. When I looked at the rear-view mirror, I saw another vehicle, a Honda Vezel, SL07891X was directly behind my vehicle. I went out of the car and saw that the boot and back bumper of my car was badly damaged. The driver of the other vehicle came out of his vehicle and apologized saying that he is totally at fault as he thought of pressing the brakes but he floored the accelerator instead.

We both drove the car to the nearest carpark and the other party initially wanted to settle it privately, He wasn't the owner of his car. The car belongs to his father. We exchanged particulars and I told him that we will be claiming insurance and will be making a report to the insurance company within 24 hrs.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 16/11/2019
10:15 am

Driver's Signature

(If driver is not the policyholder)
Date & Time: 16/11/2019
10:15 am

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: