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	07/01/2020 16:10
Date Of Accident	06/01/2020 18:30
Exact Location Of Accident	PIE (TUAS) BEFORE ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM5419U
Insured/Policyholder	
Name Of Registered Owner	JOHNASIA SHIPPING (S) PTE LTD
Co Reg No	2XXXXX523K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96362027
Alternative Phone No	OFFICE-96362027
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250 SEDAN (R18)
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	A80395763MCY
Cover Note Number	
Driver	

Name of Driver NG PENG HOCK NRIC No SXXXX921Z Date Of Birth 03/12/1946 Occupation **INDOOR Date Of Driving Pass** 12/02/1965

Driving Experience 54 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96362027

Fax Number

Contact Number OFFICE-96362027

EMail Address NOEMAIL Address 7 BUKIT TIMAH VIEW

#01-03

Postcode 588135

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 DRIZZLING
Road Surface WET

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?

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

1

NO

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

REFER TO 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 SLJ7206H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Accident Sketch Plan

SKETCH PLAN

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 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.

JOHNASIA SHIPPING (S) PTE LTD

30 LORONG AMPAS

#01-01, SKYWAVES INDUSTRIAL BUILDING

SINGAPORE 328783

Policyflolder's Signature miteriohns

TEL: 6223 5922 FAX: 6223 5923

TLX: RS 20372

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No -

Accident Sketch Plan

KETCH PLAN		
		A: TEMSURY
		B: SEMSURJ B: SUJ72064
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LARATION		
CLARATION NASKIA HIS TOTESOIDE PACTICULAR 30 LORONG AMERICANIA	s are true in every respect.	
AL SKYWAVES INDUSTRIAL DIT	01	
SINGAPORE 328783		(1/2)
yholder's Signature should singapore mgmtasjohn	Driver's Signature	Reporting Centre Personnel's Signature
& Time:	(If driver is not the policyholder)	Name:

Accident Sketch Plan

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I was driving home yesterday (6 Jan 2020) & at about 1830h my car (SKM 5419U) was on the 2nd lane on PIE towards Tuas direction & at a position about 100M before the Eng Neo exit, the Honda car following me at the back rammed into the rear of my car.

The Honda driver is Mr.Gay Vincent I/C No. S1180997I & the car no. plate is SLJ 7206H.

I was slowing down a little due to heavy traffic & slight drizzling. However Mr Gay's car simply rammed into my vehicle without any warning causing damage mainly to my car's bumper & close by parts.

When we were exchanging I/Cs, Mr Gay mentioned that his car's brake might have failed.

This is the end of my statement

Accident Photo

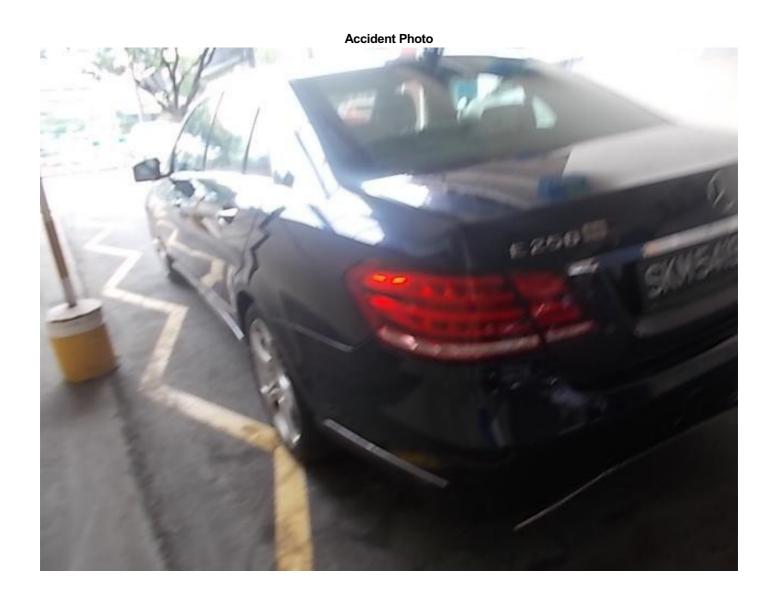












DAIMLER AG WDD2120362A935059 2245 kg 1- 1055 kg 2- 1210 kg

Accident Photo

