### 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	28/01/2020 17:05
Date Of Accident	25/01/2020 13:20
Exact Location Of Accident	PIE TWRDS TUAS(SLIP RD OF ENTERING PIE)FROM LORNIE
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ7727U	
Insured/Policyholder		

Name Of Registered Owner HOO SHIH TAJ, DAMIAN

NRIC No SXXXX007J

Email Address DAMIAN\_HOO@YAHOO.COM.SG

Mobile Phone No (LOCAL) +65-91275624
Alternative Phone No OTHERS-91275624

Vehicle Particulars

Manufacturer TOYOTA

Model PREVIA 7 SEATER

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 COMPREHENSIVE

Fleet Policy NO

Policy Number A 29067993 QMY

Cover Note Number

Driver

Name of Driver HOO SHIH TAJ, DAMIAN

 NRIC No
 SXXXX007J

 Date Of Birth
 21/02/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 28/04/2000

Driving Experience 19 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91275624

Fax Number

Contact Number OTHERS-91275624

EMail Address DAMIAN HOO@YAHOO,COM.SG

Address BLK 272A PUNGGOL WALK #13-565

Postcode 821272
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? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME: : MAGGIE LEE

GENDER: : FEMALE

Passenger 2

NAME: : ROYSTON HOO

GENDER: : MALE

**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

REFER ATTACHED;

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 SLG3758Z

Vehicle Make/Model/Colour TOYOTA / WISH 1.8 CVT

**Details Of Properties** 

Vehicle Category PRIVATE CAR

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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- 8. Consent under the Personal Data Protection Act (PDPA)

Lundorstand, acknowledge, agree and coasest that:

- (a) My insurer, my workshop and the General Insurence 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;
  - (bi) carrying out and/or dealing with my instructions or responding to any enquiries by me,
  - (iv) acministering 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.(collect-vely 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 coloct, 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

Folicyna der's Signature Onte & Timo

Driver's Signstore
Infidaces is not the prohybolder(
Date & Tane)

IDAC KAKI BUKIT (VAC)

Paporting Certific Personnel Support Ave 4
Name Singapore 415933
NEICTRIN 7416697 Fax: 67492305

Email: vackb@singnet.com.sg

# Accident Sketch Plan

# SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to adjucted DECLARATION If We declare the foregoing particulars are tripe in every respect. IDAC KAKI BUKIT (VAC) 23 Koki Bukit Ave 4 Dover's Service स्वान्य क्रिक्टिस से उन्हें से स्वान्य स्वान्य से स्वान्य से स्वान्य से स्वान्य से स्वान्य से स्वान्य से स्वान्य Date & Tane High 67416697 Fax: 67492305 High 67416697 Fax: 67492305 Emoil: <u>vackb@sinanet.com.sg</u> Of driver is out the policybulder) Date & Time

## Accident Sketch Plan

On 25.01.20 at about 13:20 hours at along PIE towards Tuas (Slip road of entering PIE from Lornie Highway). I was travelling straight on my lane, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have two passenger inside the vehicle.

Vehicle (A): SJJ7727U

Vehicle (B): SLG3758Z