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Owner / Driver: (Tel:)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.

- 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

AND STATISTICS OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	03/02/2020 20:24
Date Of Accident	27/12/2019 14:30
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER PAYA LEBAR ROAD EXIT
Country/State of Loss	SINGAPORE
STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV6868A
Insured/Policyholder	
Name Of Registered Owner	LI CHANGJIANG
Passport No/FIN	GXXXX548N
Email Address	CHZEF-LEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92456666
Alternative Phone No	OTHERS-92456666
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO AIRPORT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090619609-02
Cover Note Number	
Driver	
Name of Driver	LI CHANGJIANG
Passport No/FIN	GXXXX548N
Date Of Birth	25/04/1978
Occupation	INDOOR
Date Of Driving Pass	02/10/2012
Driving Experience	7 YEARS AND 2 MONTHS

MALE

(LOCAL) +65-92456666

CHZEF-LEE@HOTMAIL.COM

OTHERS-92456666

Address

BLK 10 LORONG 27 GEYLANG

#07-01

Postcode

388199

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

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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

NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

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

SLG1041X

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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;
 - 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:

2020. 02.05

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

27/17/2019

AGCIDENT STATEMENT

DATE 2 VETU NIGHT	IDD/ALL COOK MI
LOCATION: PZE TO AND	2017 - 30 HOVE
1. DETAILS OF VEHICLE	7910
a) Ashicit	1/0/0:
DINSURANCE COMPANY	
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THE VICTOR OF HISING AT LOSIN	LELINETY MOTORCYCLE
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c)ADDRESS:	- GAIACII
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(_)	CONTACTION

email = CHZEF-LEE@ HOTMAZL. COM VIDEO

2/3/2020 Claim Handling(Claim Task Claim Handling Accident MT/1027737 Policy No. 5090619609-02 Vehicle No. SCV6868A GST Registration No. Cerlificate No. Policytolder Name LE CHANG JIANG Policyholder NR1C Product Code PRIVATE CAR INSURANCE Cover Type Third Party, Fire & Theft Loading Contact No.(Motile) Contact No.(Office) Contact No Digme) Email Address Special Remark eCode KEK - No Yes + No Yes eCode Reason NCD Protection No NCO Entitlement(%) 10 Private Hins Accident Details Report Date 30/12/2019 15:43 Accident Report Within 24 hrs. Yes. Accident Type Date of Accident 27/12/2016 Time of Accident hin:mm 14:16 Country of Account Reporting Centre Orange Force ICH No. Accident Location PIE TOWARDS CHANGI AFTER PAYA LEBAR ROAD EXIT ▼ Total Excess Applicable Per Acadent 0.00 DD Standard Excess 0.00 TP Standard Excess 0.00 VIED OD Excess VIED TH Excess Driver is Covered? Additional Excess Total OD Excess Applicable 0.00 Total TP Excess Applicable 0.00 **▽** Benefits GST Registered Information 65T Registered No GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History Policyholder Mailing Address Address 1 BLX 50 #04-124 Address 2 DORSET ROAD Address 3 Address € SINGAPORE 210050 Address Type Singapore address Post Code Unit No. 04-124 Related Policy Number 5090619609-02 □ OI Driver Info Oriver Name Driver Type Unnamed griver Name Driver NRIC Driver DOB Register Date of Driver License Oriver Age Driving Experience Contact No. (Monile) Contact No. (Office) Contact No.(Home) Address 1 Address 2 Address 3 Address 4 Address Type Foreign address Fost Cade Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Oriver Insurer Company Modification History Claim 002 New Claim Type * * Insured LI CHANG IIANG QD-MX Contact No.(Mobile) Contact 90885166 Email Address OF LICHANGIJANG®DASIN.COM.SC Vehicle Number 5GV68684 Claim Description SGV6868A / SLG1041X ON 27 Dec 2019 Preferred Workshop Committ No. Yes Fine/Sation Yes Preferenced Committy Fully at Fault • GIA Preferred Workshop, Name unknown report Received Date Registered 03/02/2020 20:34 Report Taken By ROSLI WAHAB * Print AK letter

Save Submit Attachment Accident No. MT/1077737 Claim No. 002 Last Doc. Received * Yes - No Upload Date 03/03/2020 20 34 Peth * Confidential turgency " Choose File No Be chosen Clear Please Select * NO * Normal Chaose File No file chosen Clear Please Select * NO * Normal

Claim Handling(Claim Task)

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10	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BÜKIT MERAH)) on 03 Feb 2028 26:34	SAS		Numust	SAS 2020-2-1
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