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	24/01/2020 08:33		
	Date Of Accident	23/01/2020 07:45		
	Exact Location Of Accident	ALEXANDRA ROAD TO AYE		
	Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE			
	Vehicle Registration Number	SMK6218M		
	Insured/Policyholder			
	Name Of Registered Owner	HONG YEE SHIUN (FANG YUSHUN)		
	NRIC No	S7400297H		
	Email Address	RYHONG45@GMAIL.COM		
	Mobile Phone No	(LOCAL) +65-93372949		
	Alternative Phone No	OFFICE-93372949		
	Vehicle Particulars			
	Manufacturer	VOLKSWAGEN		
	Model	GOLF COMFORTLINE 1.4 L TSI 92KW DSG		
	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		
Policy Number		

Cover Note Number

Driver

Name of Driver HONG YEE SHIUN (FANG YUSHUN)

NO

NRIC No S7400297H

Date Of Birth 03/01/1974

Occupation INDOOR

Date Of Driving Pass 25/09/2008

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93372949

Fax Number

Contact Number OFFICE-93372949

EMail Address RYHONG45@GMAIL.COM

BLK 80A TELOK BLANGAH ST 31 Address

#13-101

Postcode 101080

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

CHAIN COLLISION 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

3

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

Number of Passengers (Including Driver)

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 sketch plan

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES

Was there any audio recorded?

NΟ **DETAILS OF OTHER VEHICLE PROPERTY 1**

SGA7163D

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LOH

NRIC/Passport Number

Contact Number 81114646

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC7591D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI
Name of Driver THUM

NRIC/Passport Number

Contact Number 96318701

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN	Merandra Slava &	load to AYE (Times)
	praeamora 2 april	TO WILL (INCOME)
TAXI.	7 900	MYCAR
8HC 7591 D	-7 SGA 7163D	-7 5mk 6218m
DESCRIBE CIRCUMSTANCES OF TH	IE ACCIDENT	
I stopped my	our as the cours in from	of were statismany
- The car believed	me, SGA 7163D, s	stopped bound me.
	27591D, crashed int	
then hit my	<u> </u>	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(W)	
Caxi Driver -	Mr Thum 96318	701
Car Inher -		
		:
DECLARATION		
I/We declare the foregoing particulars as Λ	re true in every respect.	6
CV A CONTRACTOR OF THE PROPERTY OF THE PROPERT		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
· · ·	(If driver is not the policyholder)	Name:

Date & Time:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

- 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 "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
- 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:

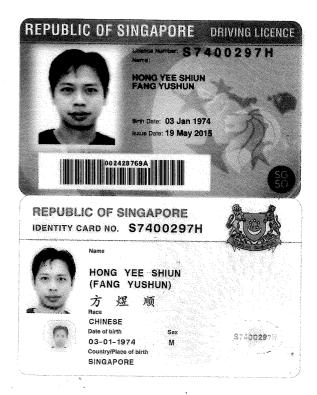
Driver's Signature

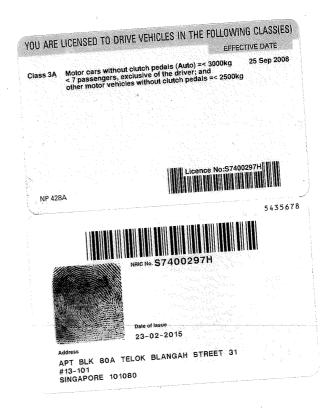
(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan Pg. 3







Accident Photo



Accident Photo



Accident Photo



Accident Photo

