MNA120018860 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 11/02/2020 14:09 SUBMITTED BY: Jackson Ho Zhao Tian

#### 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

ACCIDENT STATEMENT
11/02/2020 14:09
07/02/2020 16:00
BLK 212 BEDOK NORTH ST 1 OPEN SPACE CARPARK
SINGAPORE
DETAILS OF OWN VEHICLE
SGZ5614B
CONCERN TRADING PTE LTD
1XXXXX884E
NOEMAIL
OFFICE-67435415
TOYOTA
RUSH 1.5X A
WORKING
NO
THIRD PARTY
COMMERCIAL VEHICLE
MSIG INSURANCE (SINGAPORE) PTE. LTD.
THIRD PARTY
NO
D300199625MCX

Name of Driver TAN KENG HUI
NRIC No SXXXX829C
Date Of Birth 14/04/1967
Occupation INDOOR
Date Of Driving Pass 12/03/1993

Driving Experience 26 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96694421

Fax Number

Contact Number OFFICE-96694421

EMail Address NOEMAIL

76 UPPER SERANGOON VIEW Address

#13-60

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

COLLISION - MAJOR/MINOR RD 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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

1

NO

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)

**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

2

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number ER28S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver **TONY KHOO** 

NRIC/Passport Number

96386877 **Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### **Accident Sketch Plan**

#### SKETCH PLAN

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

runderstand, 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 personal information in all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - 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 deating 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCH PLAN

Bedak Null Heret 1

A:SGZ 5643

B: EF 285

AT B TA

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	07/02/20	20 gt	about	16wm	, 1	Was	devis
my volicle	(A: SO:	2561413	) along	drive	July Do	B/664	212
which was	chash out	fran	ashin	lut.	druly,	nd vo	hile (B'ERZE
my value te so tak North which was find fortin accident	of my	vehicle.	tub.	, dy	[wets	Dured	in this
MC , Chap.							
		A 1500	-				

DECLARATION

I/We deplace the foreg

ars are true in every respecte

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Ste Name:

NRIC/FIN No.:















