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	20/04/2020 12:36
Date Of Accident	14/04/2020 14:00
Exact Location Of Accident	(TB18) 84 TELOK BLANGAH DRIVE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP7807D
Insured/Policyholder	
Name Of Registered Owner	LIANG SHULING
NRIC No	SXXXX300I
Email Address	AARONX85@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98872786
Alternative Phone No	HOME-62055315
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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 80415109 AVW
Cover Note Number	
Driver	
Name of Driver	ONG CHUN YEE, AARON(WANG ZONGYI)
NDIC No	SYYYY580C

NRIC No SXXXX580G

Date Of Birth 28/11/1985

Occupation INDOOR

Date Of Driving Pass 17/01/2007

Driving Experience 13 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98809981

Fax Number

Contact Number HOME-62055315

EMail Address AARONX85@YAHOO.COM

BLK 84 TELOK BLANGAH HEIGHTS Address

#18-327

Postcode 100084

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED 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?

NO

YES Was any other material or property damaged?

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

NO 0

NO

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGT7267M Vehicle Make/Model/Colour TOYOTA WISH

Details Of Properties

Vehicle Category PRIVATE HIRE Name of Driver WONG WILLIAM

NRIC/Passport Number

96814378 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

Veh A: Skp 7807D Veh B: SGT 7267 M

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- 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, involces, 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.

THAM AWARED THAT MY INSUREM MAY HAVE A 12 GAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAM UNIDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

8 April 2020

10:40 ac

Policyholder Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

1

NEIC/FIN N

Accident Sketch Plan

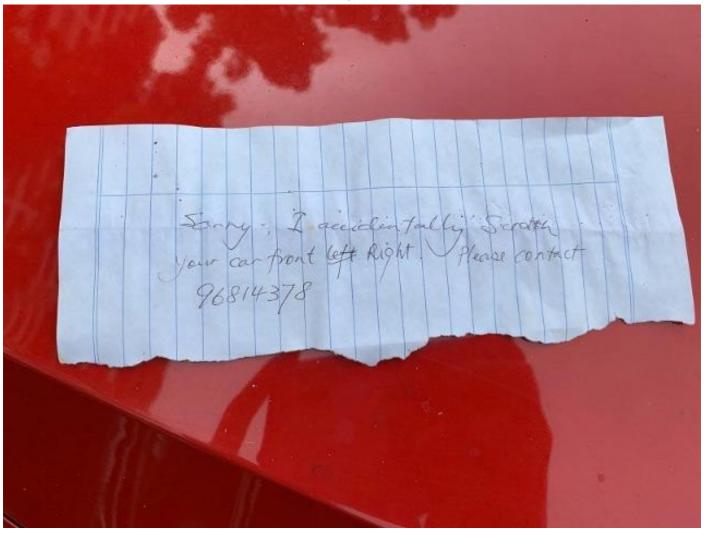
SKETCH PLAN Veh A: SKP 7867 P Veh B: SGT 7267 M

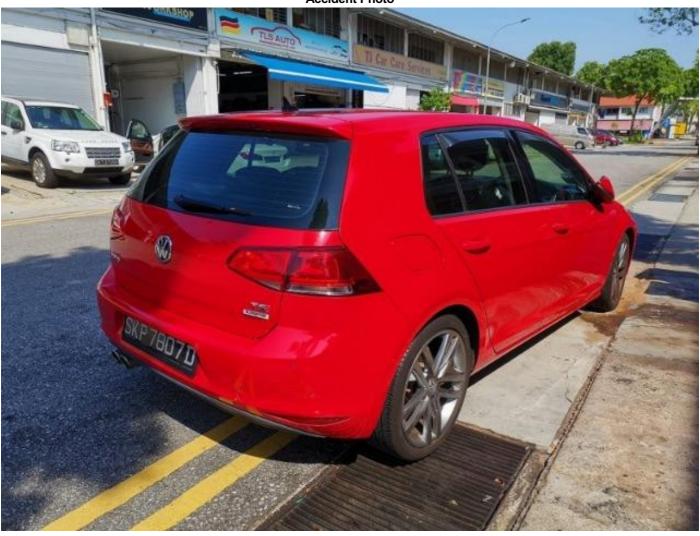
TB18 Telok Blongah Drive
OSCP

B A R

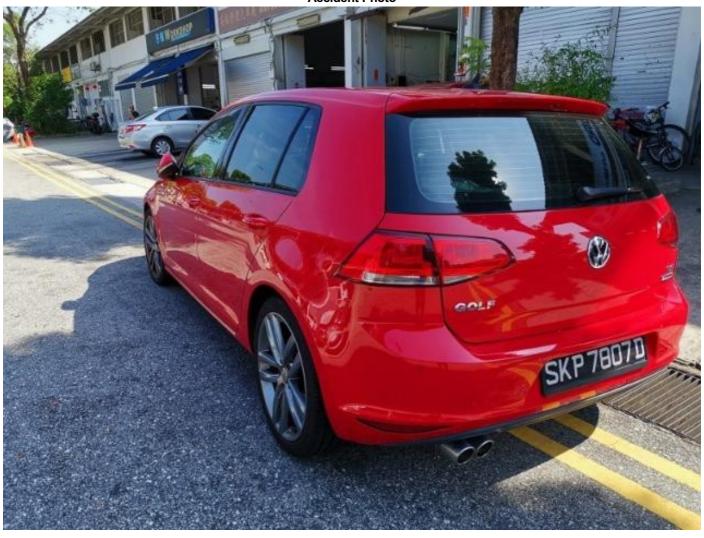
DESCRIBE CIRCUMSTANCES O	FTHE ACCIDENT	
My Vehicle Lists da	maged by Vehicle B. While my	Vehicle parked at
4+ Driver's Vehicle B	leave a rusg at my vehicle	<u>.</u>
Added on 21 A	(a) 2020:	
	20 I reached home at 12	
COVID-19 CIC	leave my house until 17 April 20 unt breaker. On 17 April 20	1 2020 due +0
	and sent an SMS to the	
	at time the reporting cent was only able to report	
was closed so	was only able to refirt	on (8 April 2020 at
discovery of the	ceparted this accident as	call times can
poor this		O
		2/ Apr. 120
DECLARATION We declare the foregoing particular of the particular	lars are true in every respect,	/
1 20	&	20/20/2020
Liang Shuling	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: Pow UDAAG
	10 April 2020	NRIC/FIN No.:
	10=40 a.	

NOTE





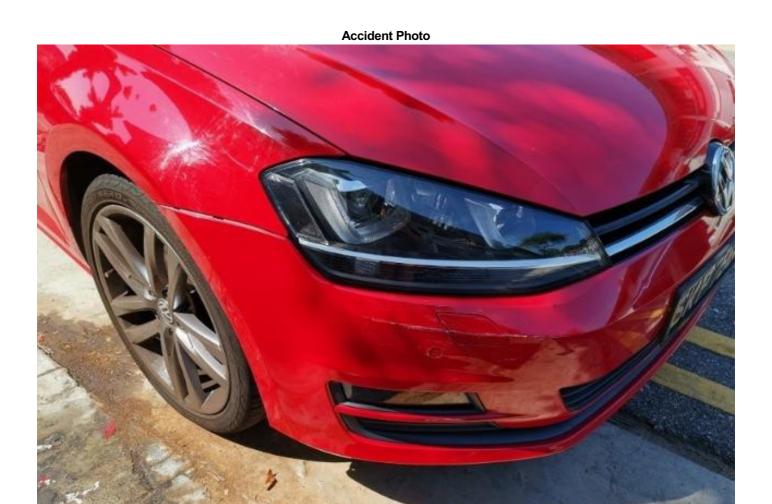


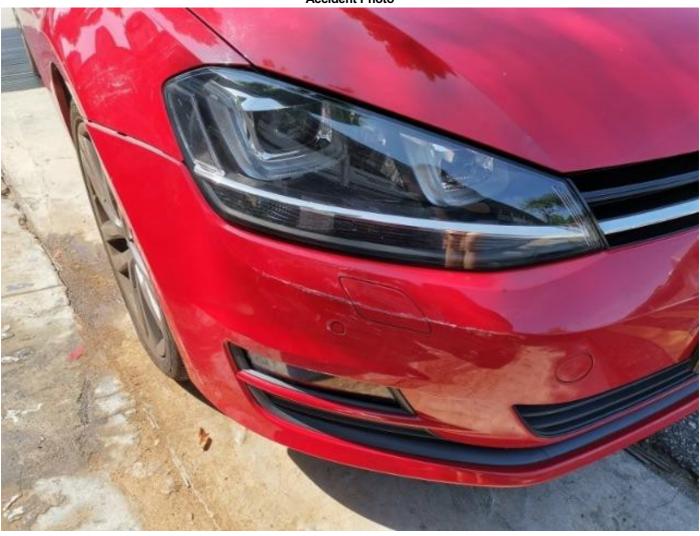




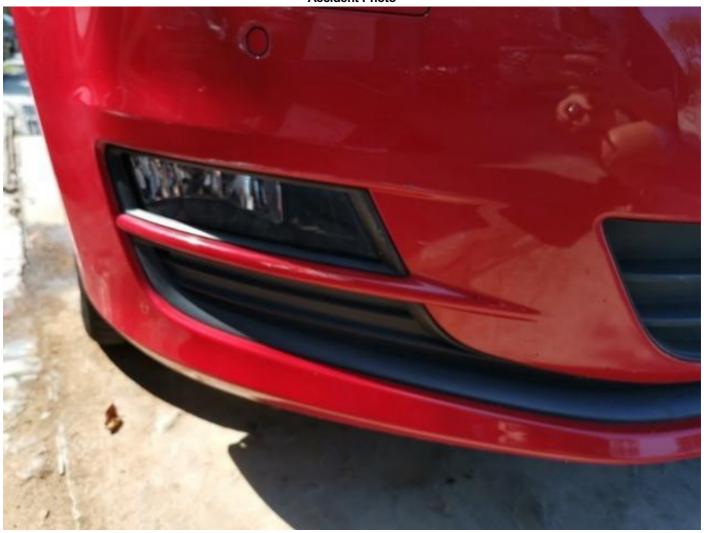
















Addendum Sheet



Policyholder / Driver's Signature

April 2020

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Noffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0080 Operating Hours : Monday to Friday, 09:00 – 17:00 utn; 566500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: 20042142 Vehicle Registration No: Original Report No : YEE AARONNEID/FIN/Passport No : CHUN (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Telok Blazzah #18-327 Singapore(100#84) Heights Address Contact (Tell Email Address 20 Time of Accident : Date of Accident Place of Accident MSIG Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: reach 2020 amase prove this call can times

Page 18 of 18

Reporting Contre Personnel's Signature

Name:

NRIC/FIN No.: Date: