

**IMPORTANT NOTICE****SINGAPORE ACCIDENT STATEMENT**

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 withholding 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 04/05/2020 16:35  
Date Of Accident 03/05/2020 16:55  
Exact Location Of Accident MSCP 8C OF BOON KENG ROAD (CITY VIEW) DECK 3B  
Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJM3829U  
**Insured/Policyholder**  
Name Of Registered Owner WOO YAT CHUN, KENNETH  
NRIC No SXXXXX568H  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-97432488  
Alternative Phone No OTHERS-97432488

**Vehicle Particulars**

Manufacturer NISSAN  
Model LATIO 1.5L  
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE  
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 P90428836DMV  
Cover Note Number

**Driver**

Name of Driver WOO YAT CHUN, KENNETH  
NRIC No SXXXXX568H  
Date Of Birth 15/09/1982  
Occupation INDOOR  
Date Of Driving Pass 09/01/2003  
Driving Experience 17 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97432488  
Fax Number  
Contact Number OTHERS-97432488  
Email Address NOEMAIL

Address  
Postcode BLK 7 BOON KENG ROAD #20-134  
Was driver an employee of the Insured's Company 330007 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
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  
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) 0

### 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 STATEMENT REMARK: 1) CAR B HIT CAR C WHICH HIT CAR A. 2) DRIVER OF CAR B APPROACHED DRIVER 3) DRIVER NOT SURE HOW CAR B HIT CAR C. (ATTENDED BY: JAMES NG)

### 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 SMR3852P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver MABEL  
NRIC/Passport Number  
Contact Number 91131658  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMS3716U

Vehicle Make/Model/Colour	NISSAN
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


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7. 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:
  - (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
- (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:

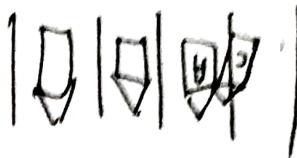
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

NG WING KIN JAMES  
admin.vac@vicom.com.sg

04 MAY 2020

## SKETCH PLAN



Deck 3B



(A) SMS 38244

(B) SMS 38518 (unknown)

(C) SMS 37164

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my vehicle at Deck 3B of Blk 8C of Boon Leng Road. When I went to pick up my vehicle on 03/05/2020, I wanted to drive out to park food. And I saw a note and also a person approach me and told me that she hit into another car then hit into my vehicle too. She even gave a note and waited for us to come to our cars.

## DECLARATION

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

Policyholder's Signature

Date & Time:

04 MAY 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No:

NG WING KIN JAMES

admin.vac@vicom.com.sg

