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	03/06/2020 12:28
Date Of Accident	02/06/2020 14:30
Exact Location Of Accident	BISHAN STREET 13 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR5075B
Insured/Policyholder	
Name Of Registered Owner	WOR YUH LAN (DU YULAN)
NRIC No	SXXXX821I
Email Address	WORYUHLAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90181593
Alternative Phone No	OTHERS-90181593
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	SHOPPING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 90302991 DMV
Cover Note Number	

Driver

Name of Driver WOR YUH LAN (DU YULAN)

NRIC No SXXXX821I
Date Of Birth 12/06/1971
Occupation INDOOR
Date Of Driving Pass 02/02/1996

Driving Experience 24 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90181593

Fax Number

Contact Number OTHERS-90181593

EMail Address WORYUHLAN@YAHOO.COM.SG

Address BLK 114 BUKIT PURMEI ROAD

#06-257

Postcode 090114

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

Type Of Accident COLLIDED INTO PARKED VEHICLE

2

NO

NO

NO

NΟ

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver) 1

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)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP4239B
Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver RANDY

NRIC/Passport Number

Contact Number 90581332

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

Accident Sketch Plan

SKETCH PLAN

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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, 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:

3/6/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRI

Page 3 of 16

Accident Sketch Plan

KETCH PLAN (31SHAN STREET 13 CA	RPARK
A) SKP 507 B) SLP 42391	B B B	
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT - HAVEICAP	
On 2 Jun 4	the carpark let My front of 52P 4239 B.	-SKR 50758) = - Car buckside hH
CLARATION We declare the foregoing part	ticulars are true in every respect.	/11
weyMWw licyholder's Signature	Driver's Signature	Regioning Centre Personpel's Senature, 19/
te & Time: 3 6 2020	(If driver is not the policyholder) Date & Time: 3/6/207	Name: FOLL WAR WHO

LETTER

Mutual Settlement Form

When involved in a motor accident, you can choose to enter into a private settlement with the OWNER of the other car if there are:-

- no personal injuries or death of motorist and/or pedestrians
- damages are minor
- no involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suling each

It is a legally binding agreement.

1.	Details of the Acoldent:- Date (dd/mm/yyyy): 76/200 . Time: 14:45 hrs . Location: 570 Rishan 4 13 april Carpart
	Vehicle registration no. SLP 423AB driven by Tong Thiam Wai, Rayer (Name & Nric no) and owned by GRAB DENTHS PRE UTD (241+172004) (Name & Nric no).
2b.	Vehicle registration no. SKR5075B driven by Work YuH LATO (Name & Nric no). (Name & Nric no) and owned by Work YuH LATO CSTILG 8213) (Name & Nric no).
3,	The parties have agreed to settle this matter amicably as follows: *delete a or b as applicable.
	*a. Neither party shall be liable to compensate the other party for any loss or damages incurred or To be incurred as a result of the applicant.
	*b. Without any admission of liability, Work YUF) AND (party paying compensation) has paid a sum of \$ 101 40 which My Thum (or Report (owner receiving compensation) hereby acknowledge receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.
4.	There are no personal injuries to the undersigned parties.

	Vehicle A no.: SLP42398	Vehlole B no.: SKR5075B
Name	Fong Thiam Wai, Rayner	WOR YUH LAN.
NRIC no.	SXXXX 364.C	S+xxx8212
Address	THE KIAN TECK ROAD SINGAPORE 628800 -	Pd # 06 - 257 090114
Tel no.	65131748	90181593
Signature & Date	an.	· war Im 3/6





















