SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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.

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	ACCIDENT STATEMENT		
Date Of Report	09/07/2020 15:08		
Date Of Accident	06/07/2020 15:30		
Exact Location Of Accident	JUNCTION OF RAFFLES QUAY AND CROSS STREET		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKZ7176M		
Insured/Policyholder			
Name Of Registered Owner	LEE TAT REALTY PTE LTD		
Co Reg No	1XXXXX187R		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-91396293		
Alternative Phone No	OFFICE-62241522		
Vehicle Particulars			
Manufacturer	MAZDA		
Model	3		
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES		
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	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	A 300259599 MCY		
Cover Note Number			
Driver			
Name of Driver	SADLI BIN MARZUKI @ SADRI BIN MARZUKI		
NRIC No	SXXXX120I		
Date Of Birth	01/05/1942		
Occupation	OUTDOOR		
Date Of Driving Pass	16/01/1962		
Driving Experience	58 YEARS AND 5 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-91396293		

OFFICE-62241522

NOEMAIL

Address BLK 533 SERANGOON NORTH AVENUE 4

#03-223

Postcode 550533

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 Registration Number of Briver's Own

•

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

toroigh vernois involved in the decident.

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

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN AND ATTACHMENT (TYPE OF COLLISION IS HEAD TO SIDE)

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 Witness 1

Name DESMOND LEE

Phone Number 98274772

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMN495C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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")
- 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.

LEE TAT REALTY (PTE) LTD.

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

NRIC/FIN No.:

Name

Accident Sketch Plan

		→ → → Junction	A= SKZ7176M B= SMN495C
DESCRIBE CIRCUMSTANCES OF TH	A B P P P	Raffles Cross	Quey and street
	n C		
	Refer to	attencheel	
DECLARATION LEE TAT REALTY (PTE) LTD.	e true in every respect.		
Foliryholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder Date & Time:		Centre Personnells Senature WHO 3

ATTACHMENT

On 06.07.2020 at about 15:30 hours at Junction of Raffles Quay and Cross Street. I was stationary on lane 3 (along Raffles Quay) at the above mentioned junction and waiting for the traffic condition to allow me to make a right turn.

When the traffic light was green and no pedestrian was crossing at the junction, thus I slowly move forward and when I was turning right at the above mentioned junction, suddenly I heard a loud bang and felt an impact. I then realised vehicle (B) which was travelling on lane 2 tried to travel straight hence collided onto right hand side portion of my vehicle (A).

After the accident, a gentlemen named Desmond Lee (HP:9827 4772) approached me and wished to be my witness.

Vehicle (A): SKZ 7176M

Vehicle (B): SMN 495C

LEE TAT REALTY (PTE) LTD.















