





## 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 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	27/07/2020 18:15
Date Of Accident	27/07/2020 11:00
Exact Location Of Accident	HAVELOCK 2 BASEMENT CARPARK (DOWN SLOPE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7032G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DOREEN CHOY OI HENG @ LEE SIEW KHIM
NRIC No	SXXXX491G
Email Address	ESWARIFFC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97941076
Alternative Phone No	OTHERS-96386769

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	TO GO TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	51001456

### Driver

Name of Driver	ESWARI FREYJA CAI
NRIC No	SXXXX902E
Date Of Birth	15/12/1974
Occupation	INDOOR
Date Of Driving Pass	09/01/2019
Driving Experience	1 YEAR AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96386769
Fax Number	
Contact Number	OTHERS-97941076
Email Address	ESWARIFFC@GMAIL.COM

Address	BLK 45 KIM CHENG STREET #01-03
Postcode	160045
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BUSINESS PARTNER
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 PROPERTY
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	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

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	PILLAR
Vehicle Category	NA/UNKNOWN
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:

27/7/20.  
1605hrs

Reporting Centre Personnel's Signature

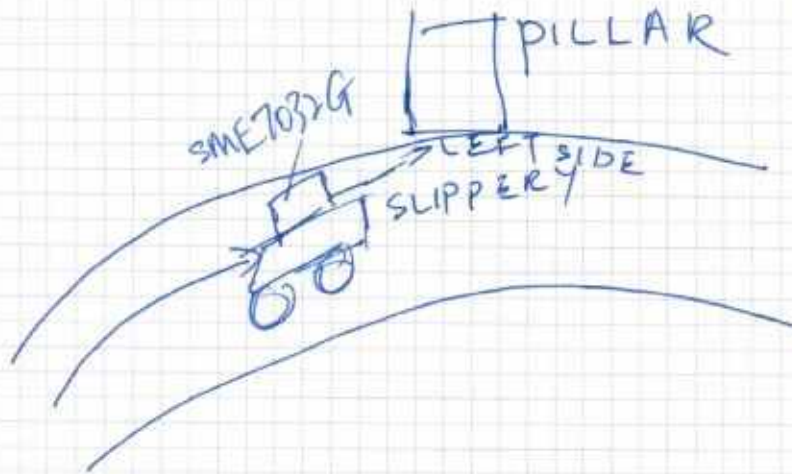
Name:

NRIC/FIN No.:



SKETCH PLAN

HAVELOCK 2 BASHMAN CARPARK (DOWN SLOPE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RAINING AND WHILE ENTERING CAR PARK, THE CAR HAD TO MAKE A ROUND TURN, DOWNWARD SLOPE, PROBABLY SLIPPERY AND THE HEADLIGHT (LEFT) HIT THE PILLAR AS BRAKING WAS ~~SEVERE~~ HARDER THAN USUAL -

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/7/20

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

1605HRS.

DR LICHUCK

## ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 7 / 20 (DD/MM/YYYY), TIME: 11 : 00 (HH:MM)

LOCATION: HAVELOCK 2 CAR PARK BASKIN

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 7032G  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: 51001456  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: HONDA VEZEL 1.5X  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: TO GO TO WORK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: DOREEN CHOI HENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 51167491G CONTACT: 97941076  
c) ADDRESS: 423 Bedok North Ave. 1 #12-204 S(460423)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: ESWARI Freyja Cai Female  
b) NRIC/FIN/PASSPORT: S7442902E CONTACT: 96386769  
c) ADDRESS: 45 LIM CHENG ST. #01-03 S(160045)

\* d) DATE OF BIRTH: 15 / 12 / 1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 9/1/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: AS BUSINESS PARTNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / ~~WET~~ / OTHERS) damp

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = ESWARIFC@GMAIL.COM

VIDEO



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807  
Tel: (65) 6827 7888 Fax: (65) 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## MOTOR INSURANCE COVER NOTE

Cover Note No. 51001456

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the Insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such Insurance will be charged for the time the Company has been on risk.

### SCHEDULE

Agent No. : 156356  
Name of Insured : DOREEN CHOY OI HENG @LEE SIEW KHIM  
Make and Description of Vehicle : HONDA VEZEL 1.5X  
Vehicle Registration No. : SNE7032  
Year of Manufacture : 2018  
Engine No. : L15B5550332  
Chassis No. : RU11300325  
Capacity : 1,496 Cubic Capacity  
Cover Type : Comprehensive  
Sum Insured (SGD) : Market Value  
Period of Insurance : One year from Date of Registration of the vehicle with LTA  
Excess (SGD) : 500

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the  
Company's Authorised Representative



Riki Marketing Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Authorised Insurers

Amy Ler  
Senior Vice President, Agencies

Date of Issue : 10/10/2018

This Cover Note is valid for 30 days from the date of issue.