

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 29/08/2020 17:02
Date Of Accident 29/08/2020 11:00
Exact Location Of Accident PIE TWDS TUAS
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCJ290R
Name Of Registered Owner MOHAN S/O SHANMUGAM
NRIC No SXXXX408Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96404629
Alternative Phone No OFFICE-96404629
Vehicle Particulars
Manufacturer BMW
Model 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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 B300272470SMP
Cover Note Number
Driver
Name of Driver MOHAN S/O SHANMUGAM
NRIC No SXXXX408Z
Date Of Birth 28/02/1956
Occupation INDOOR
Date Of Driving Pass 21/09/1981
Driving Experience 38 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96404629
Fax Number
Contact Number OFFICE-96404629
EMail Address NOEMAIL

Address 29 HARVEY AVENUE
 Postcode 489506
 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 CHAIN COLLISION
 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? YES
 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) 3

Passenger 1 NAME: : CHNG SOO KIANG
 GENDER: : FEMALE
 Passenger 2 NAME: : -
 GENDER: : MALE

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 TO STATEMENT.

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

Vehicle Registration Number SJN3810S
 Vehicle Make/Model/Colour TOYOTA ESTIMA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ONG ZIXIAN
 NRIC/Passport Number SXXXX052A
 Contact Number 91523548
 Address
 Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX4385G
Vehicle Make/Model/Colour
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)

DETAILS OF INJURED PERSON 1

Name CHNG SOO KIANG
Approximate Age
Injuries Sustain NECK, CHEST & BACK
Injured person in which vehicle? SCJ290R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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 Authorized Driver.
3. Information provided must be correct and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to revoke their 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 interested companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Recruits Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
7. By the lodging 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)**
 - a) I understand, acknowledge, agree and consent that:
 - (i) 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 insurers (who have insured vehicles) involved in this accident (all insurers) 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 purposes 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 insurers (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;
 - (f) 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
 - (g) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time

29.08.20

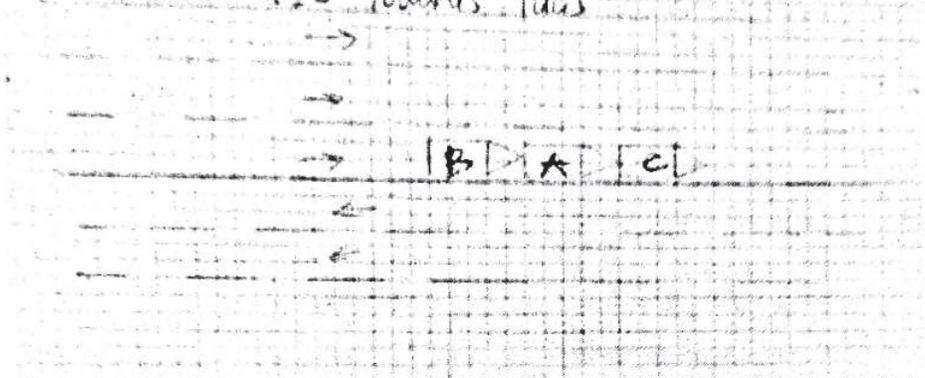

Driver's Signature
(If driver is not the policyholder)
Date & Time


Reporting Centre Personnel's Signature
Name
NOC 4-09 (a)

Accident Sketch Plan

SKETCH PLAN

P/E Towards Tuas



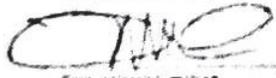
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Was travelling along P/E towards Tuas Traffic was heavy. Car in front of me slow down, I slow down my vehicle too. Suddenly Vehicle B (S/N 3810 S) hit onto my rear, causing my vehicle to roll forward and hit onto vehicle C (SKX 4385 G)

Vehicle A : SS 290 R
 Vehicle B : SJN 3810 S
 Vehicle C : SKX 4385 G

DECLARATION

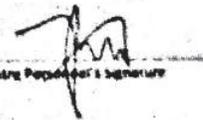
I/We declare the foregoing particulars are true in every respect.



Driver's Signature
 Date & Time

20/08/20

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



Reporting Centre Person's signature
 Name:
 NRIC/Pass No.