

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	25/09/2020 09:48
Date Of Accident	24/09/2020 12:25
Exact Location Of Accident	ALONG SIN MING DRIVE TOWARDS SIN MING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5595G
Insured/Policyholder	
Name Of Registered Owner	GOH QING XIANG, DAMIEN
NRIC No	SXXXX666D
Email Address	DAMIAN1709@LIVE.COM
Mobile Phone No	(LOCAL) +65-97326739
Alternative Phone No	OTHERS-97326739

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
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	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	A 29080172 AT2
Cover Note Number	

Driver

Name of Driver	GOH QING XIANG, DAMIEN
NRIC No	SXXXX666D
Date Of Birth	17/09/1989
Occupation	INDOOR
Date Of Driving Pass	09/10/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97326739
Fax Number	
Contact Number	OTHERS-97326739
EMail Address	DAMIAN1709@LIVE.COM

Address	BLK 463 CHOA CHU KANG AVENUE 4 #12-39
Postcode	680463
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	COLLISION - U-TURN
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	2
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFZ1848G
Vehicle Make/Model/Colour	MITSHUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SWEE BOK HENG
NRIC/Passport Number	SXXXX547F
Contact Number	98395468
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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:
 - (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.

 25/09/2020

Policyholder's Signature
Date & Time:

9.49am

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

 25/09/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

SIN MING DRIVE TOWARDS SIN MING WALK

A) SKT5595G
B) SFZ 1848G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sin Ming Dr when the said vehicle (SFZ 1848G) did a sudden u-turn into the opposite direction. ~~It was~~ There was no u-turn sign at the junction. He veered to the left lane and cut across me & when I was at the right lane. I slammed my brakes but I could not stop in time. When we alighted, he asked if I saw his signal to turn right. But as it was an illegal act, he agreed to do a private settlement and pay for my damages.

DECLARATION

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

Daming 25/09/2020
Policyholder's Signature
Date & Time: 9.50am

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

[Signature] 25/09/2020
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 09 / 2020 (DD/MM/YYYY), TIME: 12 : 27 (HHMM)

LOCATION: Hong Sin Ming Dr towards Sin Ming Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT 5595G
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A 29080172 AT2
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA COROLLA, ALTIS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: GOH QING XIANG DAMIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8932666D CONTACT: 97326729
c) ADDRESS: 463 CHOA CHU LANG AVE 4 #12-39 S/680463

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GOH QING XIANG DAMIAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8932666D CONTACT: 97326739
c) ADDRESS: 463 CHOA CHU LANG AVE 4 #12-39 S/680463

* d) DATE OF BIRTH: 17 / 09 / 1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 9/10/2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

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

6. WAS ANYBODY INJURED (YES / NO) (NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFE 1848G MODEL: MITSUBISHI LANCER
b) DRIVER'S NAME: SWEE ROE HENG
c) NRIC/FIN/PASSPORT: S1086547F CONTACT: 98395468

9. THIRD PARTY VEHICLE

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

email =

VIDEO



MSIG

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

Toyota DriveElite 360

RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
A 29080172 AT2	15/06/2020 to 14/06/2021	SINGAPORE
Name and Address of Insured		Date of Issue
Goh Qing Xiang Damian 463 Choa Chu Kang Avenue 4 #12-39 Singapore 680463		29/05/2020
		Account Number
		156499
Premium	GST	Total Due
SGD728.71	SGD51.01	SGD779.72

RISK NUMBER 1 Toyota DriveElite 360

OCCUPATION

Indoor Occupation

FINANCIAL INTEREST

DBS Bank Ltd
as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SKT5595G
MAKE/MODEL Toyota Corolla Altis 1.6L CVT
ENGINE NUMBER 12RX518142
CHASSIS NUMBER MR053REH104534987
YEAR OF MFG 2015
CAPACITY 1598 C.C.
SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

SUM INSURED
INCL. COE/PARF YES
OFF-PEAK CAR NO
NO CLAIM DISCOUNT 50.00% (or F/D)
GOOD DRIVER'S
DISCOUNT SGD38.35
NCD PROTECTOR NOT COVERED
EXCESS SGD500
ANNUAL PREMIUM SGD728.71

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Goh Qing Xiang Damian

QMX01009

JLZY202005291442