

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	22/07/2019 13:27
Date Of Accident	20/07/2019 04:15
Exact Location Of Accident	SLIP RD OF BEDOK NORTH AVE 3/ BEDOK NORTH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE596Y
Insured/Policyholder	
Name Of Registered Owner	DS@LOW'S TRADING
Co Reg No	53243239L
Email Address	DANIEL_HECH@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98556120

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 (M)
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A27003524 MKC
Cover Note Number	

Driver

Name of Driver	LOW WEI WEI
NRIC No	S8029965F
Date Of Birth	02/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98556120
Fax Number	
Contact Number	
EEmail Address	DANIEL_HECH@HOTMAIL.COM

Address	BLK 498E TAMPINES ST 45 #08-404
Postcode	523498
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	1
Was any body injured in the Accident?	NO
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.	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

AS PER SKETCH PLAN ATTACHED

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	GBJ2817X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAI PECK HAR
NRIC/Passport Number	S6978240Z
Contact Number	93639793
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

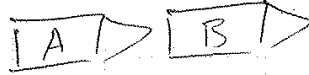
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



A - GBE 5965.
B - GB 52817X.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Turning left towards Bedok ave 3
Bedok North Rd turning left at Bedok ave 3.
The driver out of sudden jam brake even there was
not vehicle at all. I could not avoid after my
brakes applied.

☐ claim OD / TP at Falcon-Air ☐ claim OD / TP Own W/shop ☒ Reporting Only

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:

[Signature]

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



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8029965F**

Name: **LOW WEI WEI (LIU WEIWEI)**

Birth Date: **02 Sep 1980**

Issue Date: **22 Oct 2003**

000944577A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8029965F**



Name
LOW WEI WEI (LIU WEIWEI)
刘 维 维
Race
CHINESE
Date of birth Sex
02-09-1980 M
Country of birth
SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
22 Oct 2003

NP 428A

Licence No: **S8029965F**



464109



NRIC No. **S8029965F**

Date of issue
20-10-2010

APT BLK 498E TAMPINES STREET 45 #08-404
SINGAPORE 523498

NRIC No: **S8029965F**

Date: **20/01/2015**



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

COMMERCIAL VEHICLE

RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
A 29003524 MKC	22/08/2018 to 21/08/2019	SINGAPORE
Name and Address of Insured		Date of Issue
DS@Low's Trading 532 Bedok North Street 3 #08-726 Singapore 460532		13/08/2018
		Account Number
		156391
Premium	GST	Total Due
SGD919.66	SGD64.38	SGD984.04

RISK NUMBER 1

COMMERCIAL VEHICLE

BUSINESS

Delivery of seafood supplies

FINANCIAL INTEREST

Daimler Financial Services Africa & Asia Pacific L
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

ITEM	0001	SUM INSURED	MARKET VALUE
REGISTRATION NO.	GBE596Y	NO CLAIM DISCOUNT	20.00% (or F/D)
MAKE/MODEL	Nissan - As detailed below	EXCESS	SGD500
ENGINE NUMBER	K9KC400D054660	WINDSCREEN	UNLIMITED
CHASSIS NUMBER	VSKYBAM20Z0103251	ANNUAL PREMIUM	SGD919.66
YEAR OF MFG	2015		
CAPACITY	0.70 TONS		
SEATING CAPACITY	2 (INCL. DRIVER)		

AUTHORISED DRIVERS

Any other person provided he is driving on the Insured's order or with the Insured's permission.

ATSY201808131654

MKC11506

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MF A 311075508 Vehicle Registration No: 6BE576Y
Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : _____ Time of Accident : _____
Place of Accident : _____
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy holder name should be DS@Low's Trading

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____