SS0L215F0001-01 / Stytech Auto Pte Ltd ENTRY DATE & TIME: 15/05/2021 13:41 (SGT) SUBMITTED BY: Winston Teo VERSION: 2 (15/05/2021 14:05 (SGT))

# **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 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.

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   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 Submission 15/05/2021 13:41 (SGT) Date of Accident 11/05/2021 09:55 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information CTE Towards City Before Balestier Exit Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Private use

No - Claiming third party

Vehicle Registration Number SLD5355E

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Hwang Ling Huei NRIC No. SXXXX078I Email Address jim.koh@hotmail.com Mobile Phone No (Phone) +65-98595659 Alternative Phone No +65-98595659

# VEHICLE PARTICULARS

Manufacturer Volkswagen Model Golf Variant

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? Vehicle Category

Private car Transmission Auto CC 1200

### **INSURANCE COMPANY**

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number A 29125126 AV2 Cover Note Number

## DRIVER

Name of Driver Hwang Ling Huei NRIC No. SXXXX078I

Date Of Birth 16/10/1959 Occupation Indoor Date Of Driving Pass 18/12/1991 Driving experience 29 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98595659 Alt. Phone Number +65-98595659 Email Address jim.koh@hotmail.com Address Blk 428 Tampines St 41 #08-467 Address complement Postcode 520428 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer Sketch Plan ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

| /ehicle Variant - /ehicle Colour - |             |
|------------------------------------|-------------|
| Vehicle Model                      | Cerato      |
| Vehicle Variant                    | -           |
| Vehicle Colour                     | -           |
| Vehicle Category                   | Private car |
| Name of Driver                     | -           |
| Contact Number                     | _           |
| Address                            | _           |
| Address complement                 | _           |

| Postcode                                | - |
|---|---|
| Insurance Company Name                  | - |
| Nature Of Damage                        | _ |
| Details of property damaged in accident | _ |
| No. Of Passenger (Including Driver)     | 1 |

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurence 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' law yers/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")

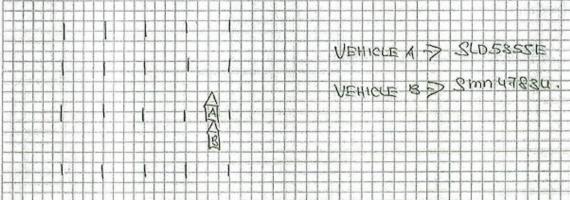
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature/ Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



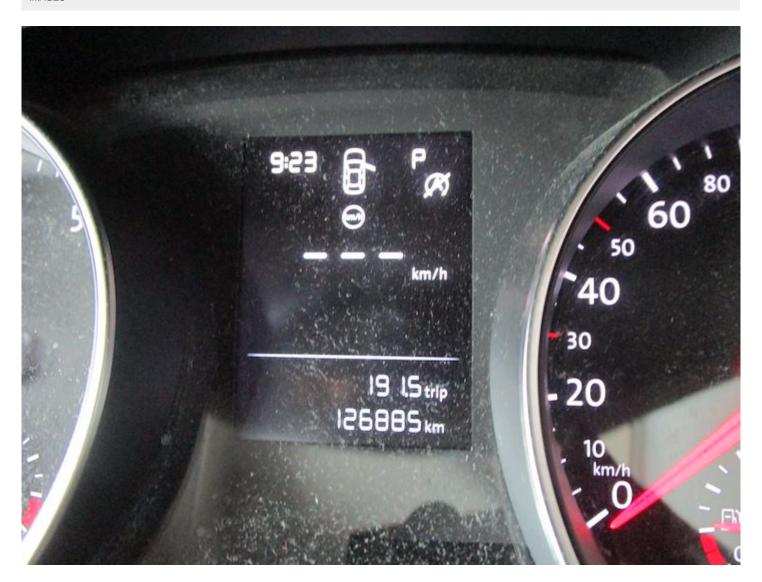
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# Declaration

We declare the foregoing particulars are true in every respect.

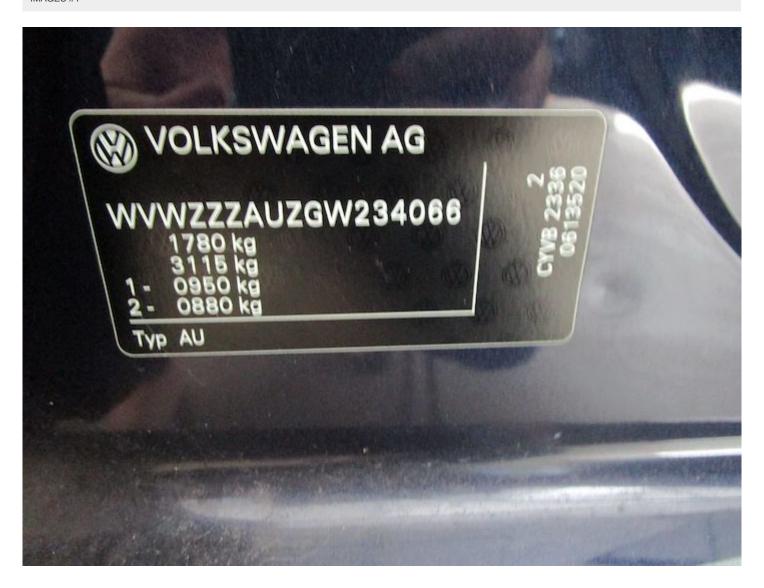
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

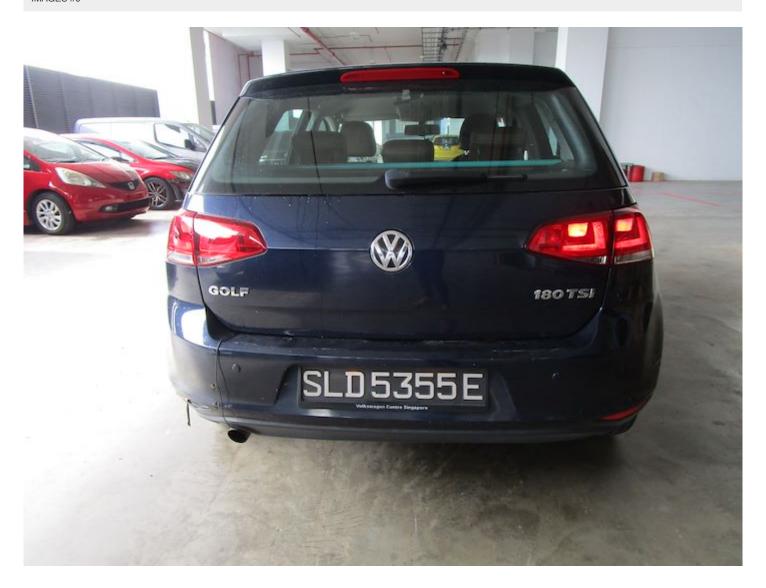




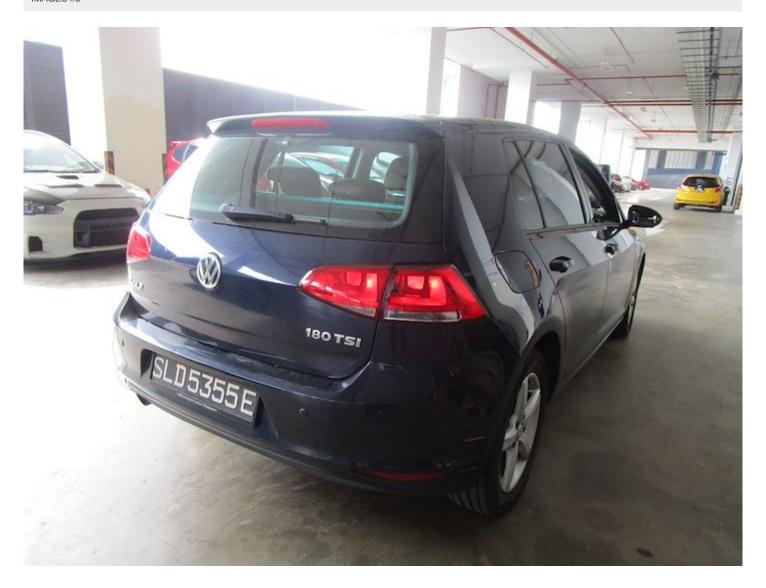


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SS 01215 F 001 Vehicle Registration No: SLD 53556 Name (as shown in NRIC): Hwang Ling Hue! NRIC/FIN/Passport No: 3 /3720781 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate \_\_ Singapore ( ) Mobile No.: \_\_\_\_9859565 9 Contact (Tel): 98595659 Email Address: \_\_ Time of Accident: Date 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: Upload Accident Vehicle Photo-Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No.:

Date:

GIARMC Addendum Form