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 <u>truthful and accurate</u> 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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	18/02/2020 15:18
Date Of Accident	17/02/2020 17:00
Exact Location Of Accident	SUNTEC TOWER 3 CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP1911B
Insured/Policyholder	
Name Of Registered Owner	HU SHUNRONG
NRIC No	S8611246I
Email Address	HAMISHHSR.DOREENTLF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85882289
Alternative Phone No	OFFICE-85882289
Vehicle Particulars	
Manufacturer	MASERATI
Model	GRANTURISMO CAMBIOCORSA
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MA005776
Cover Note Number	

Driver

 Name of Driver
 HU SHUNRONG

 NRIC No
 \$8611246I

 Date Of Birth
 25/04/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 24/01/2007

 Driving Experience
 13 VEARS AND

Driving Experience 13 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85882289

Fax Number

Contact Number OFFICE-85882289

EMail Address HAMISHHSR.DOREENTLF@GMAIL.COM

Address 229 WAK HASSAN DRIVE

Postcode 757544

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

SKG7887U

SKG/88

Insurance Company of Driver's Own Vehicle

MSIG INSURANCE (SINGAPORE) PTE. LTD.

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General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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

I WAS DRIVING ALONG THE DRIVE WAY AT THE BASEMENT 1 CARPARK, VEHICLE B: SHC6191G SUDDENLY DROVE OUT FROM THE SIDE ROAD WITHOUT GIVING WAY, AS A RESULT, ITS FRONT RIGHT PORTION HIT THE LEFT PORTION OF MY VEHICLE. NO ONE WAS INJURED.

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 SHC6191G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver NG HAN SENG
NRIC/Passport Number S8170881I
Contact Number 96990881

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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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- 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.
- 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:
 - 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, involces, 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:
 - 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: 18 2 20 13 rol

Driver's Signature

(If driver is not the policyholder)

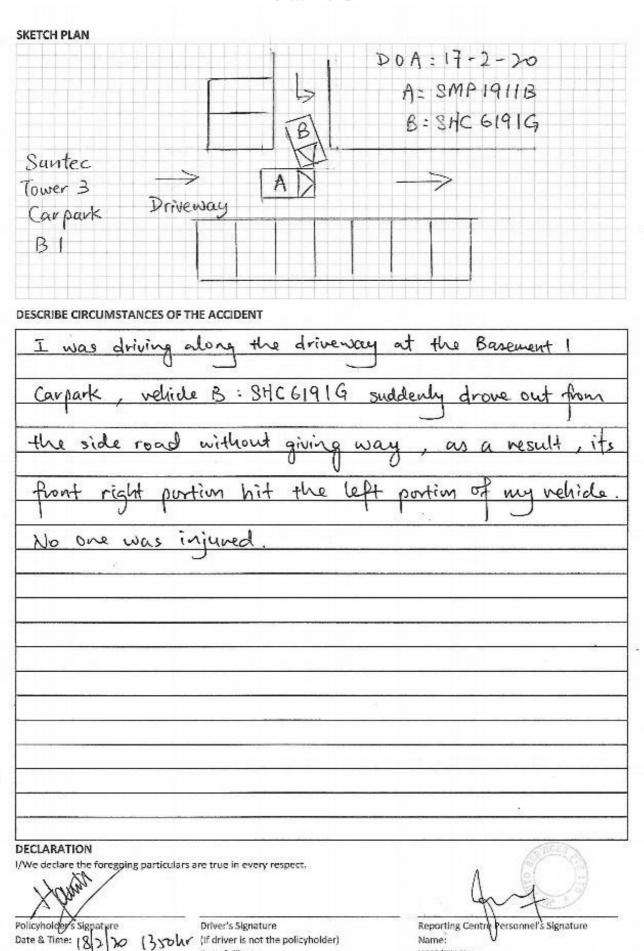
Date & Time:

Reporting dentre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2



GIAIGNE SketchPlanForm

NRIC/FIN No.:



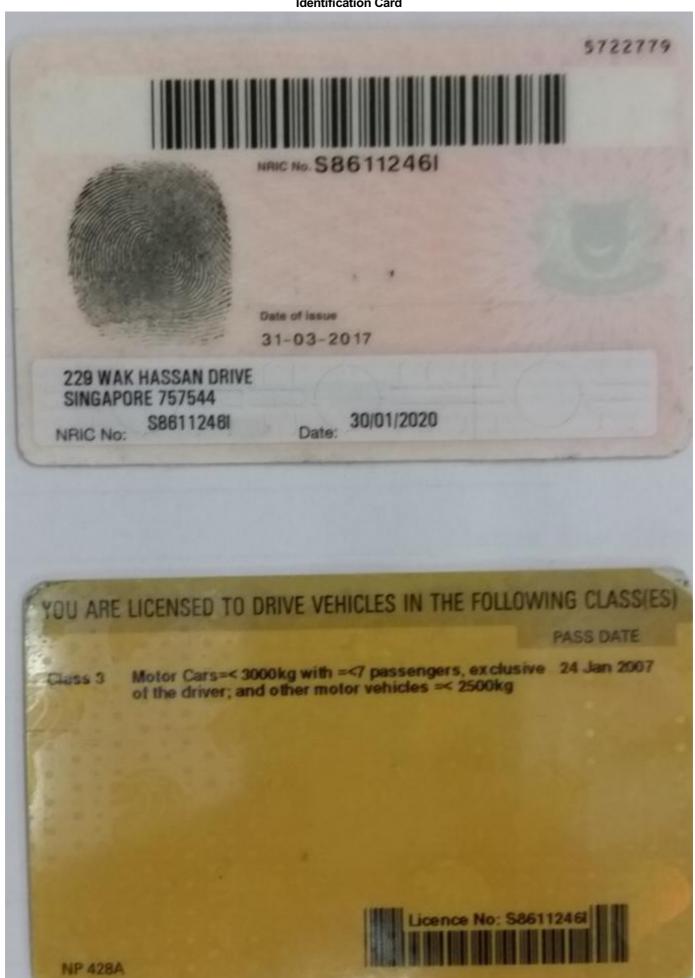
INTERVIEW FORM

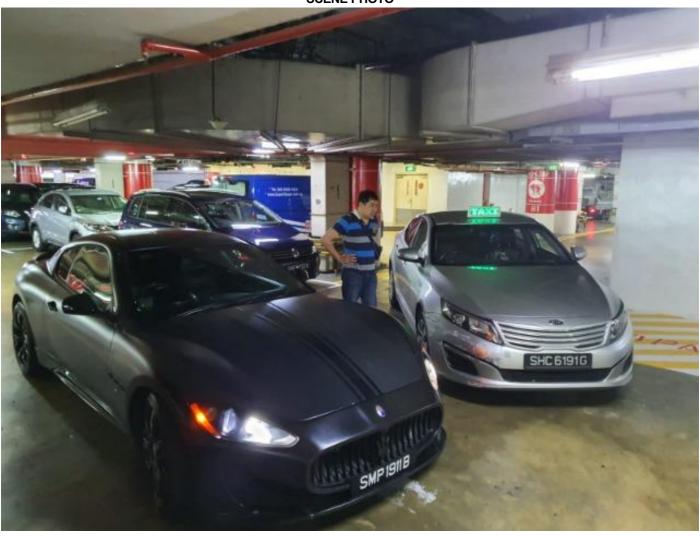
Name (Driver)	: HU SHUNRONG	
Policy No	MA 005776	
Vehicle No	SMP1911 B	
Place of Accident	: Suntec Tower 3 B1 Carpark	
insured Driver's relationship w	with Insured : Dwner	
Drink Driving of Insured and/o	or Insured Driver ; No	,
No of passenger(s) in Insured v	vehicle :Nil	
Injury to Insured and/or Insured	d driver, please indicate which hospital:	
Third Party Vehicle No (if any)): SHC 6191 G	
No of passenger(s) in Third Par	rty Vehicle : Ni [
	d/or passenger(s), please indicate which hospital:	
Type of collision and the extens	isiveness of the damages to all vehicles involved: or road. Insured: Left portion was	damaged.
TP: Front right	ti	
Ü	yes, please indicate Name, Contact No and a copy of the statem	ent):
Traffic Police report (enclosed)): Yes (No	
Piease obtain a copy of the dri worker is involved)	riving licence of Insured driver and/or work permit (where f	oreign
	UNRONG And April.	
Oriver (Name & Signature) I, affirmed the above informat	Attended by (Name & Signatu	
my best knowledge	Workshop Name: Jin Auto	, Services Pte Ltd

Effiga Insurance Berhad (Company Reg. No. TogfCoo54K) 1 North Bridge Road, Wo3-o1 High Street Centre, Singapore 179094 7: +65 6336 0477 F: +65 6339 2109

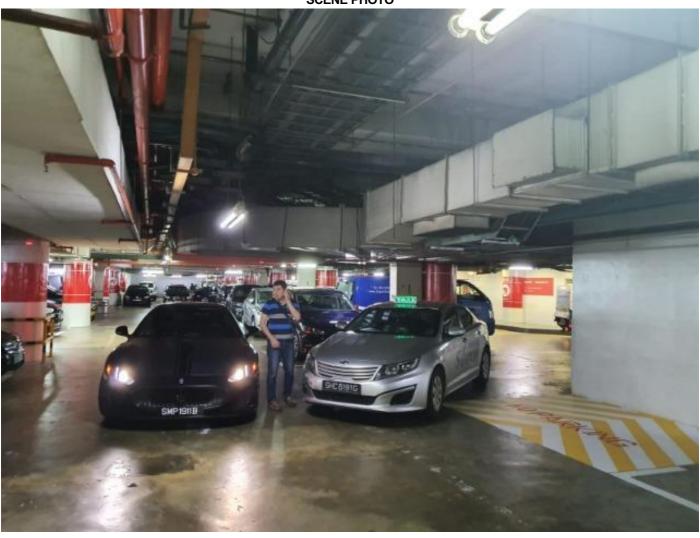
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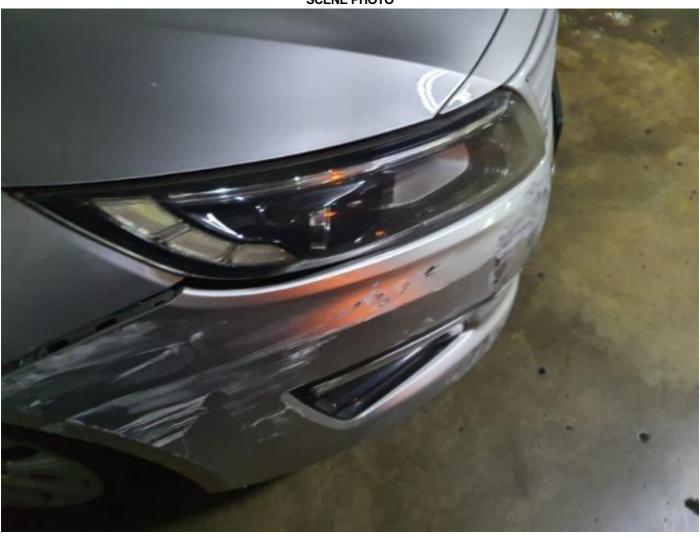




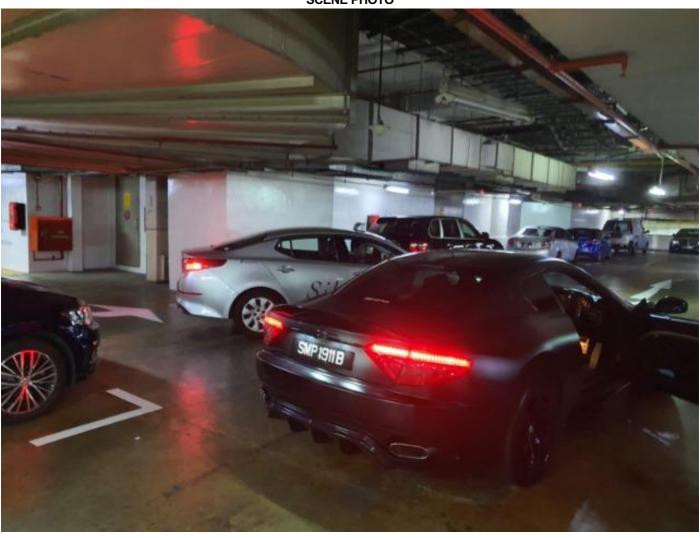


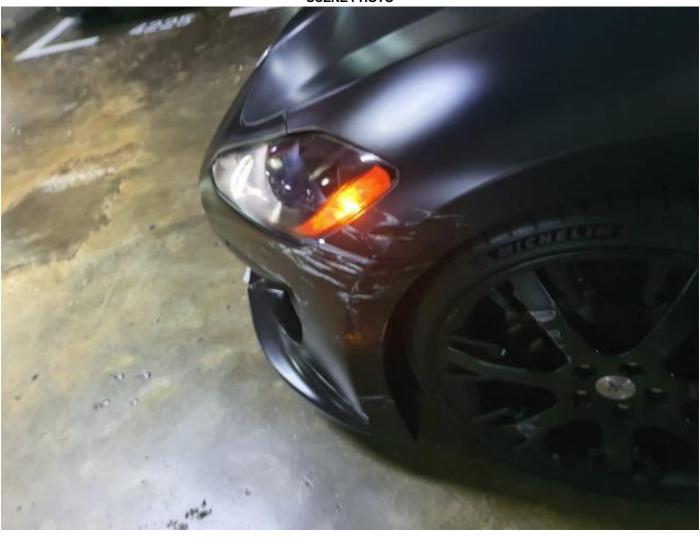












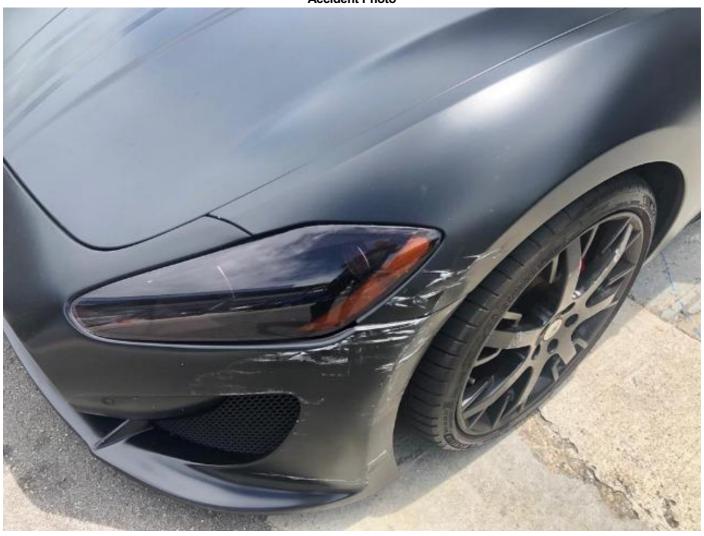
























Driving License



Driving License

