# **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.

  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 08/11/2021 19:46 (SGT) Date of Accident 05/11/2021 17:48 (SGT) Exact Location of Accident Singapore Additional Location Information AYE TWDS CITY B4 ALEXANDRA Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Private use

Private car

No - Claiming third party

Vehicle Registration Number SJF5466G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DHI WATER AND ENVIRONMENT(S)PTE LTD Company Reg No 2XXXXX802D Email Address

regine yau@hotmail.com Mobile Phone No (Phone) +65-96932564 Alternative Phone No +65-96932564

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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

Transmission Auto CC 1497

**INSURANCE COMPANY** 

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

Fleet Policy

Policy Number A 300314511 MCY

Cover Note Number

DRIVER

Name of Driver LIM ZHI SHENG NRIC No. SXXXX047H

Date Of Birth 19/11/1986 Occupation Outdoor Date Of Driving Pass 27/02/2017 Driving experience 4 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96932564 Alt. Phone Number Email Address regine\_yau@hotmail.com Address **BLK 124 JURONG EAST STREET 13** Address complement #10-13 Postcode 600124 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle 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 PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH WORKSHOP Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SKZ1919B
Vehicle Manufacturer	-
Vehicle Model	_
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)	_

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person Gender Phone No Address	LIM ZHI SHENG Male -
Address Complement	-
Post Code Approximate Age Years Old	-
Injuries Sustained	- SLIGHT
Injured person in which vehicle?	SJF5466G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

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- 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)

I understand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' 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.

DHI Water & Environment (S) Fie L.

2 Venture Drive, #18-18,

Vision Exchange, Singapore 608526

Policyholder's Signature / Date &

5/11/21 Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

Sketch Plan

BY ALEXANDRA

A B

SJF 5466 C VEHICLE A SK I 1919 B VEHICLE B:

DHI Water & Environment (S) Pte Ltd 2 Venture Drive, #18-18, Vision Exchange, Singapore 608526

Describe Circumstances of the Accident STF 5466 G ON Aye DEIVING MY VEHICLE STATED DATE I TIME . I WAS MOTICED WHILE DRIVING ON 001 05 LANES ALEXANDRA LANE TWDS CITY BEFORE AND CAME To STOP 1 FONDOW SUIT DUT OF DOWN VEHICLE IN FRONT OF ME VEHICLE ALIGHTED A HUGE IMPACT FFOM THE REAR OF MY CAR SUDDEN I FELT HAD VEHICLE SKZ MIMB ENDER MY RELIASED THAT VEHICLE B To AVDID CONFESTION DETAILS THE SCENE CHORTLY CONTACT

# Declaration

We declare the foregoing particulars are true in every respect.

DHI Water & Environment (5) Pte Ltd

2 Venture Drive, #18-18,

Vision Exchange,

Singapore 608526

Policyholder's Signature / Date &

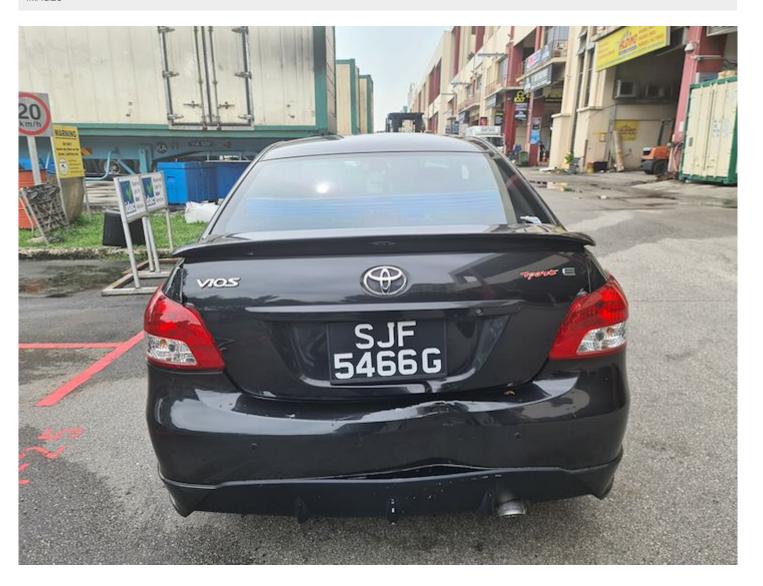
Time

Slay 5/11/21 18:25

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

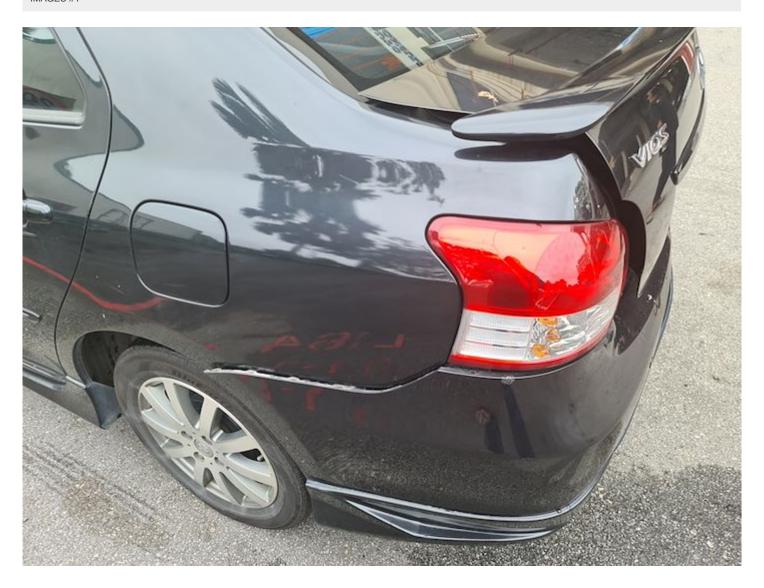
& Time

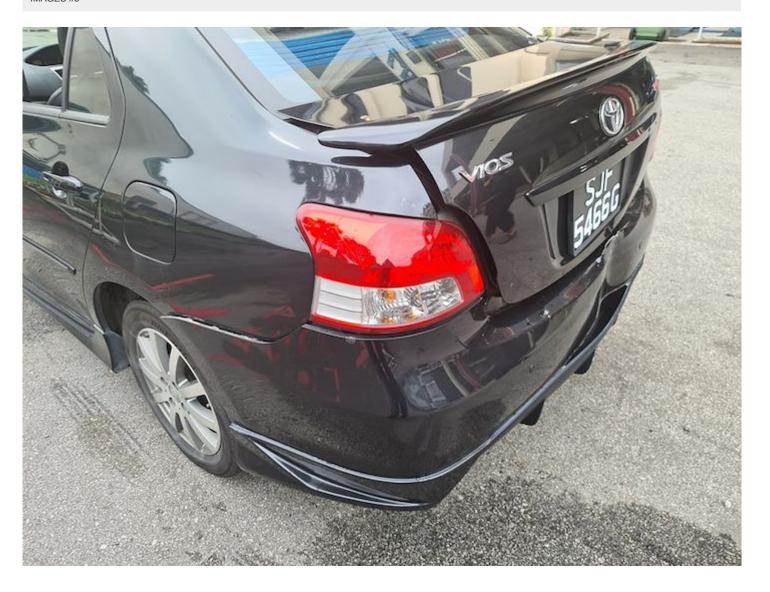
Witnessed by Reporting Centre Personnel

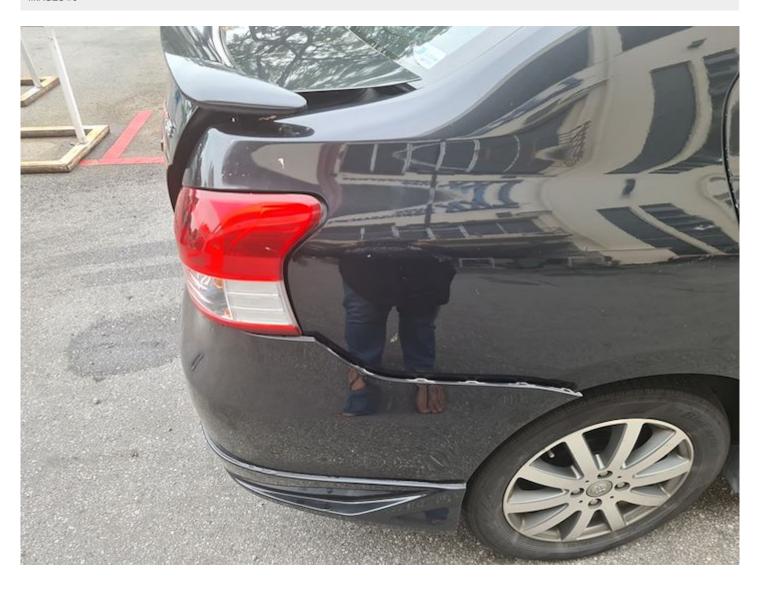




















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

PARTICULARS OF PERSON MAKING THE AMENDME	NTS:	
Original Report No: SLOX2/880002	Vehicle Registration No:	SUFS466G
Name (as shown in NRIC): LIM ZHI SHENG	NRIC/FIN/Passport No: _	SXXXX0476
(*Vehicle Driver/Vehicle Owner) (*) Please delete as	And the state of t	4.0.0
Address: BLK 124 JURONG EAST		
Contact (Tel):	Mobile No.:9693	2564
Email Address:		
Date of Accident: 05/11/24	Time of Accident:	48
Place of Accident: AYE TWDS CITY BO	Y ACEXANDRA	
Insurance Company:	A.	
ADDITIONAL INFORMATION /AMENDMENTS:		
AMEND POLICY NO : A 3	00314511 mcy	
AMEND POLICY NO : A 3	00314511 mcy	
AMENIO POLICY NO : A 3	00314511 mcy	
AMENIO POLICY NO : A 3	00314511 mcy	
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AMEND POLICY NO : A 3		
Policyholder / Driver's Signature Date:	Reporting Centre Perso	111/21

GIARME Addendum Form