

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 Submission 13/12/2021 10:17 (SGT)
Date of Accident 10/12/2021 19:20 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC105Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MA WEILI
NRIC No SXXXX301I
Email Address maweili@gmail.com
Mobile Phone No (Phone) +65-98210677
Alternative Phone No +65-98210677

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Jetta
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1390

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300307461 QMY
Cover Note Number -

DRIVER

Name of Driver MA WEILI
NRIC No SXXXX301I

| | |
|--|---------------------------|
| Date Of Birth | 01/03/1982 |
| Occupation | Indoor |
| Date Of Driving Pass | 25/07/2003 |
| Driving experience | 18 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98210677 |
| Alt. Phone Number | +65-98210677 |
| Email Address | maweili@gmail.com |
| Address | 25 WEST COAST RISE #04-08 |
| Address complement | - |
| Postcode | 127468 |
| 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 | Chain Collision |
| Weather Conditions | DRIZZLING |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|----------------|
| Name | NOT APPLICABLE |
| Gender | Male |

PASSENGER 2

| | |
|--------------|----------------|
| Name | NOT APPLICABLE |
| Gender | Female |

PASSENGER 3

| | |
|--------------|----------------|
| Name | NOT APPLICABLE |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 10/12/21 AROUND 1920 HRS, I WAS DRIVING ALONG ECP TOWARDS CHANGI ON THE 1ST LANE. VEHICLE B IN FRONT OF ME SUDDENLY BRAKED. I BRAKE IMMEDIATELY AND SWERVE TO THE RIGHT AND HIT ONTO VEHICLE B REAR RIGHT. SECONDS LATER, I FELT AN IMPACT FROM BEHIND AND MY VEHICLE SURGE FORWARD. I ALIGHTED FROM MY CAR TO CHECK AND REALIZED VEHICLE C COLLIDED INTO MY VEHICLE REAR PORTION. I WAS INVOLVED IN A 3 CARS CHAIN COLLISION.

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 SKX656B
Vehicle Manufacturer Toyota
Vehicle Model Harrier
Vehicle Variant -
Vehicle Colour White
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 VEH B
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJK2614P
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver RANDY
NRIC No SXXXX912E
Contact Number (Phone) +65-96673820
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEH C
No. Of Passenger (Including Driver) 1

SKETCH PLAN**IMPORTANT NOTICE**

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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 - SKC105Z
B - SKX 656B.
C - SJR 2614P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/12/21 around 1920hrs, I was driving along ECP towards Chungi on the first lane.

Vehicle B in front of me suddenly braked. I brake immediately & swerved to the right & hit onto vehicle B near right. Seconds later, I felt an impact from behind and my vehicle surge forward.

I alighted from my car to check & realised vehicle C collided into my vehicle near front. I was involved in a 3-car chain collision.

DECLARATION

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

MA WEILI
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.:































