

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 20/01/2022 11:06 (SGT)
Date of Accident 19/01/2022 08:45 (SGT)
Exact Location of Accident Nicoll Hwy, Singapore
Additional Location Information OUTSIDE SUNTEC
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME8392K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG HOI PIN EDMUND
NRIC No SXXXX358A
Email Address edmundnghp@gmail.com
Mobile Phone No (Phone) +65-98483248
Alternative Phone No +65-96824422

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 29147077 AT2
Cover Note Number -

DRIVER

Name of Driver NG HOI PIN EDMUND
NRIC No SXXXX358A

Date Of Birth	15/08/1976
Occupation	Indoor
Date Of Driving Pass	08/11/1997
Driving experience	24 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98483248
Alt. Phone Number	+65-96824422
Email Address	edmundnghp@gmail.com
Address	61 UPPER SERANGOON VIEW
Address complement	#07-20
Postcode	534015
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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?	No
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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SGT45H
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANGELYN WONG
Contact Number	(Phone) +65-94777098
Address	-
Address complement	-


Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
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' 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

 20/01/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

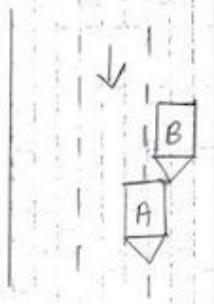
 20/01/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SME 8392 K

B = SGT 45 H

Nicoll Highway Outside Surtac.



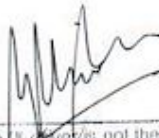
Describe Circumstances of the Accident


I was travelling along Nicoll Highway outside SYNTec on 19 Jan 2022 at about 8.45am. I was on the extreme right lane. I wanted to switch lane to the middle lane and signaled left. I moved into the middle lane half way and vehicle SGT 45H knocked into my car's left side bumper and area around the left rear door.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 20/01/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

 20/01/2022
Witnessed by Reporting Centre Personnel













