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IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurant.

- 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.
- 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

ACCIDENT STATEMENT

Date of Submission 16/06/2022 14:13 (SGT) Date of Accident 16/06/2022 07:30 (SGT) Exact Location of Accident Near 59J Tuas South Ave 1, Singapore 637410 Additional Location Information **TUAS SOUTH AVE 3** Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX3987C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN MING YUAN **NRIC No** S8872946C **Email Address** ivan.tmy@hotmail.com Mobile Phone No (Phone) +65-92393787 Alternative Phone No +65-97377394

VEHICLE PARTICULARS

Manufacturer Mazda Model MAZDA3 4DR 1.5 AT M-HYBRID ELEGANCE Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Auto **Transmission** 1496 CC

INSURANCE COMPANY

MSIG Insurance (Singapore) Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy B 300516349 QMX **Policy Number** Cover Note Number

DRIVER

TAN MING YUAN Name of Driver S8872946C **NRIC No**

SKETCH PLAN

IMPORTANT NOTICE

- 3 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.

6. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

honey 16/6/22

Policyholder's Signature / Date &

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

Wilnessed by Reporting Centre Personnel

16/6/200

Sketch Plan

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