

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	17/05/2022 12:09 (SGT)
Reported by	Driver
Date of Accident	15/05/2022 12:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PENSHURST PLACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR90J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NGO NUO WEI
NRIC No	SXXXX967I
Email Address	YRFAITH@GMAIL.COM
Mobile Phone No	(Phone) +65-97377742
Alternative Phone No	+65-97377742

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Superb
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	2000

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300182198QMX

DRIVER

Name of Driver	TAN YAN RONG
NRIC No	SXXXX682E
Date Of Birth	18/04/1986
Occupation	Indoor

Date Of Driving Pass 17/05/2005
 Driving experience 17 YEARS
 Gender Male
 Mobile Number (Phone) +65-97377742
 Alt. Phone Number -
 Email Address YRFAITH@GMAIL.COM
 Address 90A, TELOK BLANGAH ST 31, #20-239
 Address complement -
 Postcode 101090
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Spouse
 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 Collided into Parked Vehicle
 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) 0
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Ang Mo Kio South Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004519999
 Alt. Police Station Phone No (Fax) +65-65535679
 Police Station Address 81 Ang Mo Kio Ave 3 Singapore 569929
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNE4621P
 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) -

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' 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.

Jes

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643

TEL: 6458 1225 Fax: 6453 7944
Witnessed by Reporting Unit Personnel (Claims Section)

Policyholder's Signature / Date & Time

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

Sketch Plan



