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 Actual 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 3. Information provided must be as truthiul and accurate as possible. 19.

 Solid liability.

 A. 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

Reported by

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

25/01/2023 15:03 (SGT)

Both

24/01/2023 15:42 (SGT)

Malaysia

JALAN TENGKU AZIZAH

Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMP8188B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

PANG MING KEE

SXXXX242I

pangmk@fabsolutions.com.sg

(Phone) +65-90173378

VEHICLE PARTICULARS

Manufacturer

Model

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 CC

Volkswagen

Passat

Passat Comfortline 1.8 I TSI 132kW DSG

Private use

No - Claiming third party

Private car

Auto

1800

INSURANCE COMPANY

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

A 300332294 QMY

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

PANG MING KEE SXXXX242I 09/09/1978 Indoor

Accident report SV11231P0002

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ate Of Driving Pass 25/05/2005 **Driving experience** 17 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-90173378 Alt. Phone Number pangmk@fabsolutions.com.sg **Email Address** APT BLK 681C WOODLANDS DRIVE 62 Address #03-43 Address complement 733681 Postcode Yes Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 TAN HUI SZE Name Female Gender PASSENGER 2 PANG CHENG YU Name Male Gender PASSENGER 3 PANG CHENG YAO Name Male Gender 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 REFER TO THE SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Page 2 of 15 Accident report SV11231P0002

DETAILS OF OTHER VEHICLE PROPERTY 1

| The state of the s | |
|--|-------------|
| Vehicle Registration Number | SKQ2851C |
| Vehicle Manufacturer | BMW |
| Vehicle Model | 218i |
| Vehicle Variant | - |
| Vehicle Colour | Gray |
| 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) | - |

WITNESS DETAILS

WITNESS 1

TAN HUI SZE Name

(Phone) +65-92305718 Phone

Email



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
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- 3. Information provided must be as truthful and accurate as possible. Any wiful misrapresentation 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 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 reliating 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

5mf81886 Jalon Tengku Azizah Ska 285/6 Cost toping to cut queue



| escribe Circumstance of the | Accident |
|--|--|
| On the 24/1 to Singapore queuing to other cours was travelling prevent other did not brail | 1/23 at around 1542, I was travelling been from John Bahra. There were alot of cors enter the Juhar Bahra (10. There were trying to cut queue as well. 5KQ285) g behind me. He pobably was trying to cars from cutting queue and eventually ke on time and Knocked my rear purpose |
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| MENTAL STREET, | |
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Declaration

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

D. 25/1/23 12:28pm

(# Scyon's not the policyhelder). V

Witnessed by Report of Carite Pa (Marris of in NRICH) card)

@ Accident report SV11231P0002

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