

## 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 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 .....	31/03/2023 14:40 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/03/2023 21:15 (SGT)
Exact Location of Accident .....	Eunos Link, Singapore
Additional Location Information .....	TOWARDS KPE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMX3043B
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHIN LI LIAN STEPHANIE
NRIC No .....	SXXXX432C
Email Address .....	tancorol6@gmail.com
Mobile Phone No .....	(Phone) +65-96402474
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Fit
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1317

#### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	B 300518223 QMY

#### DRIVER

Name of Driver .....	WONG SONG CHEW
NRIC No .....	SXXXX706G
Date Of Birth .....	13/01/1977
Occupation .....	Indoor

Date Of Driving Pass .....	30/05/2003
Driving experience .....	19 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96370047
Alt. Phone Number .....	-
Email Address .....	tancorol6@gmail.com
Address .....	BLK 470B UPPER SERANGOON CRESCENT #04-332
Address complement .....	-
Postcode .....	532470
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJZ1785G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WEN JIN SHI
NRIC No .....	SXXXX497D

Contact Number .....	(Phone) +65-90111053
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMM3454G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
NRIC No .....	SXXXX533Z
Contact Number .....	(Phone) +65-84889680
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	WONG SONG CHEW
Gender .....	Male
Phone No .....	(Phone) +65-96370047
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMX3043B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

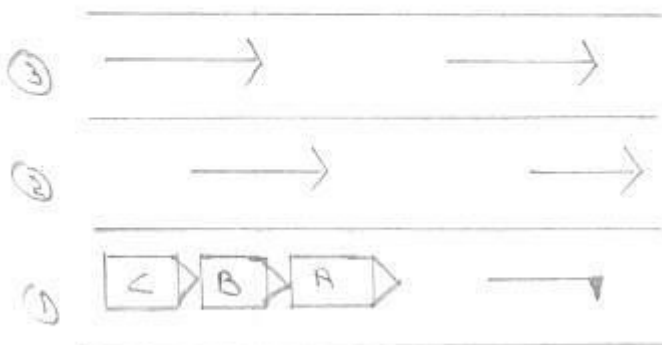
**IMPORTANT NOTICE**

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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' 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.

*Chen*  
31/3/23  
Policyholder's Signature / Date & Time 1045 am  
Sketch Plan

*Chen*  
31/3/23  
Driver's Signature (if driver is not the policyholder) / Date & Time 1045 am  
EUNOS LINK TOWARDS KPE

*Chen*  
31/03/2023  
Witnessed by Reporting Centre Personnel



A 8 SMX 3043 B  
B 8 SJX 1705 G  
C 8 MM 345A G

## Describe Circumstances of the Accident


On 30/03/2023 at about 2115 hrs, I was stationary at Funnos link towards KPE.


Out of a sudden, I felt an impact behind me. I alighted immediately to check on my vehicle.

I discovered that 3 vehicles were involved.  
We exchanged particulars and left the scene.

## Declaration

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

 31/3/23  
Policyholder's Signature / Date & Time  
10 45 am

 31/3/23  
Driver's Signature (If driver is not the policyholder) / Date & Time  
10 45 am

 31/03/2023  
Witnessed by Reporting Centre Personnel











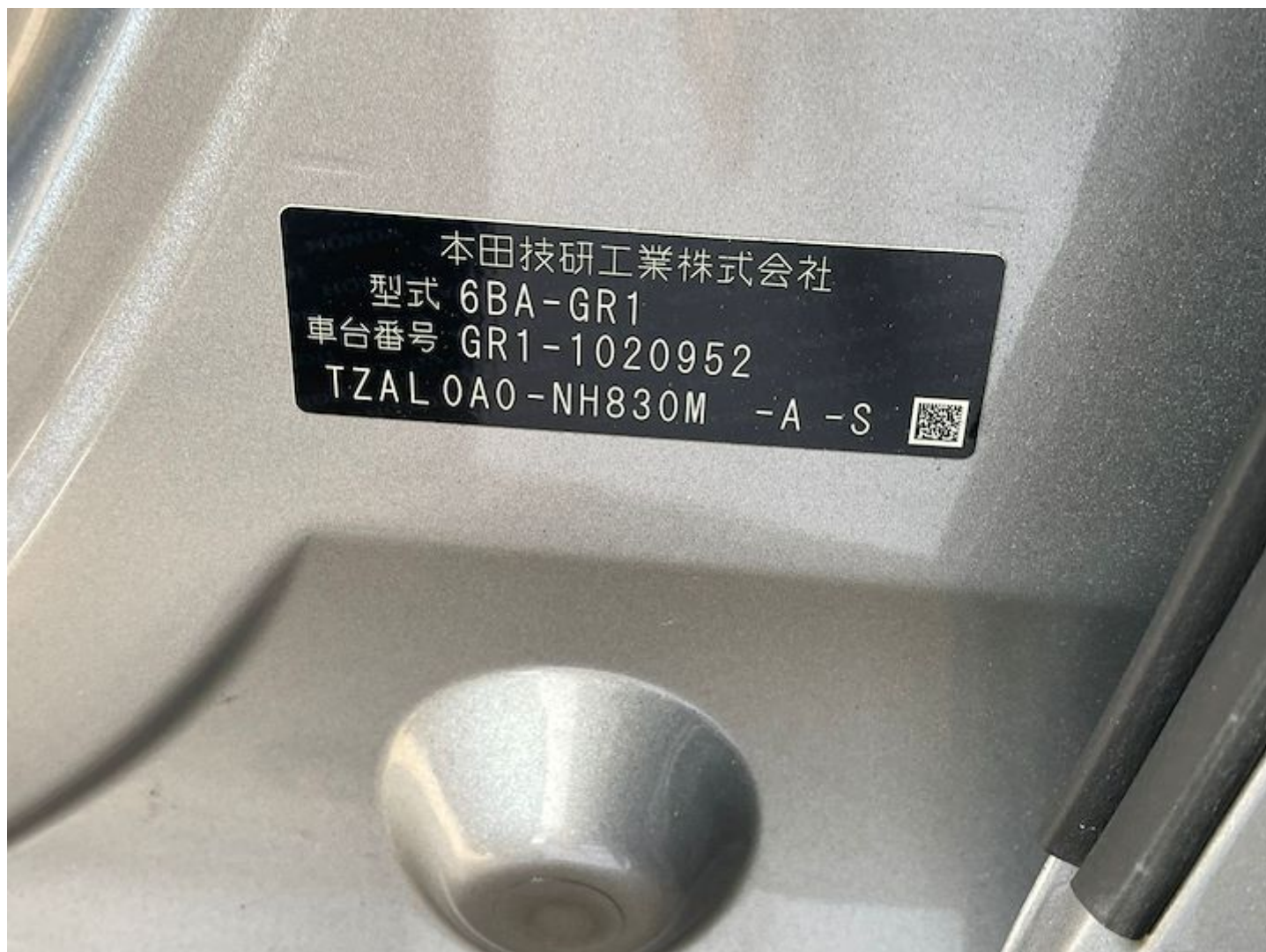












Date: Fri, 31 Mar 2023, 08:36  
Subject: Authorisation for SMX3043B  
To: [service@sg.msig-asia.com](mailto:service@sg.msig-asia.com) <[service@sg.msig-asia.com](mailto:service@sg.msig-asia.com)>  
Cc: [rogerw.greencall@gmail.com](mailto:rogerw.greencall@gmail.com) <[rogerw.greencall@gmail.com](mailto:rogerw.greencall@gmail.com)>

Dear MSIG

I am the policyholder of SMX3043B.

My husband; Wong Song Chew (S77007066G) was involved in an accident yesterday on 30/3/2023 along Eunos Link at about 9:15pm.

(

Let the email be a confirmation that I am giving him full Authorisation to

- 1) lodge accident report
- 2) sign off any documents pertaining to the claims and accident

Thank you

Yours Sincerely

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Stephanie Chin