VERSION: 1 (26/04/2023 16:35 (SGT))



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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of withouting of material facts may allow insurance companies to reputial 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 26/04/2023 16:35 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/04/2023 17:25 (SGT) Exact Location of Accident Singapore Additional Location Information Sea Breeze Avenue Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hvundai

Vehicle Registration Number SKZ2451B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Er Yeo Wang NRIC No SXXXX855B Email Address winnie.neo33@gmail.com Mobile Phone No (Phone) +65-96956787 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Elantra 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 1600

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number D300087151QMY

DRIVER

Name of Driver Er Yeo Wang NRIC No SXXXX855B Date Of Birth 09/12/1956 Occupation Indoor

Date Of Driving Pass	23/09/1982
Driving experience	40 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96956787
Alt. Phone Number	-
Email Address	winnie.neo33@gmail.com
Address	9 Sea Breeze Avenue
Address complement	-
Postcode	-
Is the driver the policyholder?	- V
If No, Relationship of the Driver with the Insured	Yes
	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Incurrence Company of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Appident	
Type of Accident	Collision - Head on 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	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	-
Original language used in the statement	•
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	NI-
	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
Discount for the the contribution of the state of the sta	
Please refer to the accident statement	
ATTACHMENT(S)	
A	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHA4189M
Vehicle Registration Number Vehicle Manufacturer	
Vehicle Registration Number	
Vehicle Registration Number Vehicle Manufacturer	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SHA4189M - - -
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	SHA4189M - - -

Address	
Address complement	
Postcode	
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
lo. Of Passenger (Including Driver)	

SKETCH PLAN

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- 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.
- 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.
- 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 aforesald.

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;
- (ii) 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

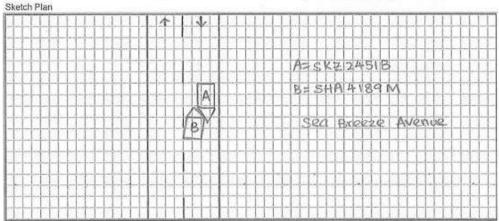
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents

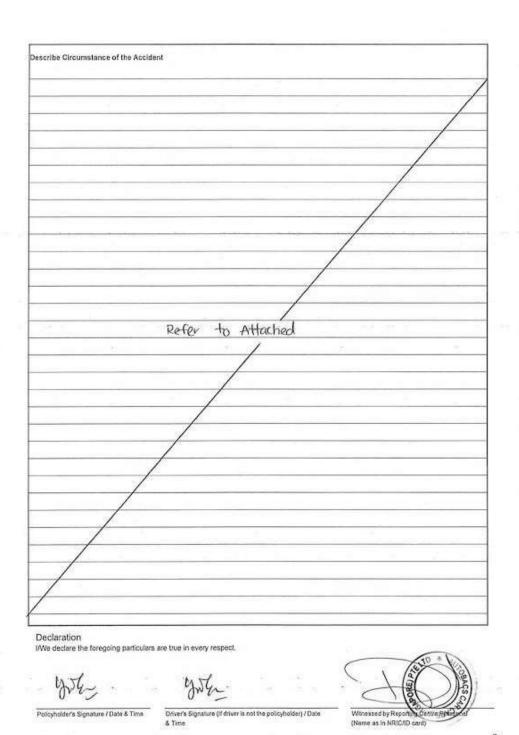
(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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





On 25.04.2023 at about 17:25 hours along Sea Breeze Avenue, I parked my vehicle (A) at the above mentioned location and suddenly, I heard a loud bang from outside. I went out from my house and then realised that my vehicle (A) was hit by the vehicle (B).

I wish to state the vehicle (B) was travelling against the traffic flow and he admitted he banged my stationary vehicle (A).

Vehicle (A): SKZ 2451B

Vehicle (B): SHA 4189M

