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 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	22/05/2023 15:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/05/2023 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Exit towards PIE Tuas, around Bedok North & Bedok Reservoir Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4849E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Yi Chan, Priscillin
NRIC No	SXXXX400E
Email Address	priscillin@gmail.com
Mobile Phone No	(Phone) +65-90677188
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300529376QMX

DRIVER

Name of Driver	Lim Yi Chan, Priscillin
NRIC No	SXXXX400E
Date Of Birth	17/10/1985

Accident report SA21235M0003

upation	Indoor
te Of Driving Pass	21/06/2012
Driving experience	10 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90677188
Alt. Phone Number	-
Email Address	priscillin@gmail.com
Address	Blk 712. Bedok Reservoir Road. #11-3924
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
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

Type of Accident	Collided into Motorcyclist
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)	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 the accident statement

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	FBT7990S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-

NOTICE

From: ... correctly the details of the accident to speed up the claims process.

Estimate ... must be completed by the Policyholder and/or the Actual Driver.

OD ... 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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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.

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:

') 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.

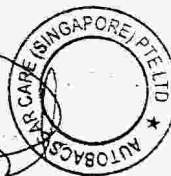(collectively the "Purposes")

(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.
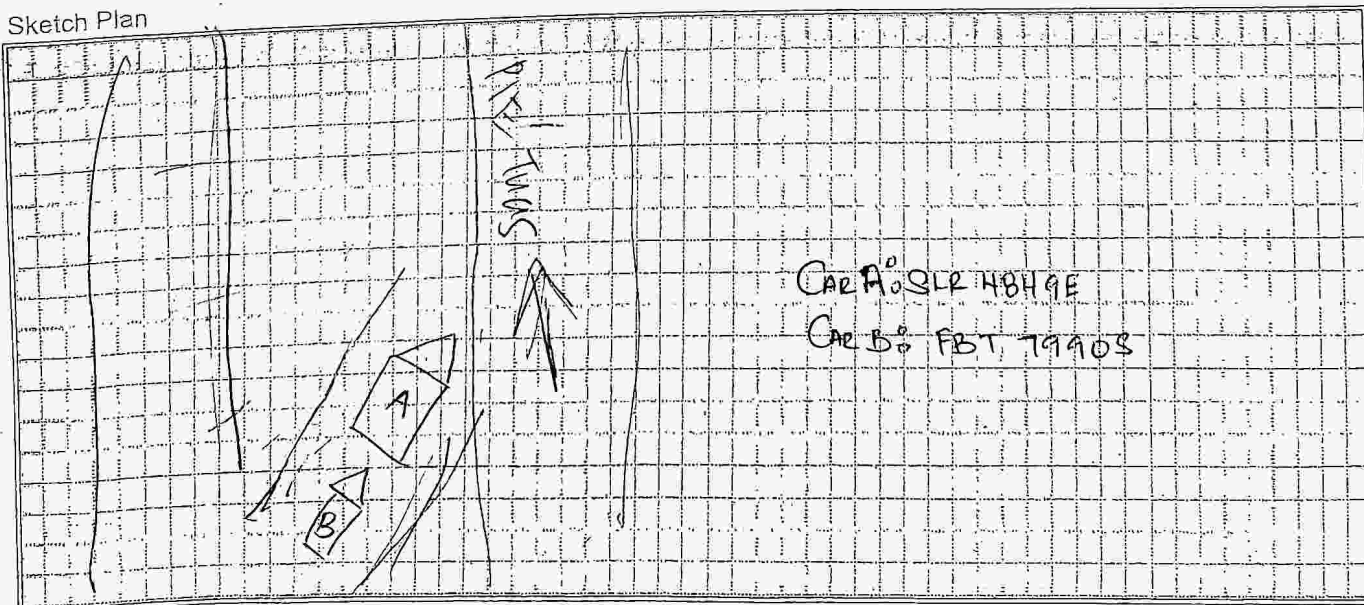
_____
...yholder's Signature / Date & Time

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

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

Sketch Plan

Car A: SLR 4BH9E
Car B: FBT 7940S

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Estimated Circumstance of the Accident

OD / (P)

To Ins

The accident happened on 21st May 2023 around at 2.20pm, at the scene of exit towards PIE Tuas. I heard a bump and a bike had bumped into my car's rear.
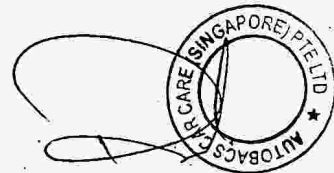
Declaration
I/We declare the foregoing particulars are true in every respect.

_____
Policyholder's Signature / Date & Time

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

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

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