# **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.

- 4. The issue and acceptance of this is form by instrained 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 06/07/2023 09:26 (SGT) Reported by **Actual Driver** Date of Accident 05/07/2023 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information ONE NORTH AVE X STAR AVE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBD2072J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MEDIACORP PTE LTD Company Reg No 199201312E Email Address KWONGYEE@MEDIACORP.COM.SG Mobile Phone No (Phone) +65-91516679 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Peugeot Model Partner Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 1600

**INSURANCE COMPANY** 

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D23100793MFCV/2

DRIVER

Name of Driver FONG WEE MENG MARCUS NRIC No S8852206J Date Of Birth 31/12/1988 Occupation Indoor

Date Of Driving Pass	17/03/2015
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98388861
Alt. Phone Number	-
Email Address	MARCUSFONGWM@MEDIACORP.COM.SG
Address	206 SERANGOON CENTRAL #09-162
Address complement	-
Postcode	550206
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
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?	No
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	
DEEED TO ATTACHMENT	
REFER TO ATTACHMENT.	
ATTACHMENT(S)	

Yes No

## Accident report SC1R23760002

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

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Hease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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,
- 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)

Lunderstand, 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.

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

Witnessed by Reporting Centre Personnel

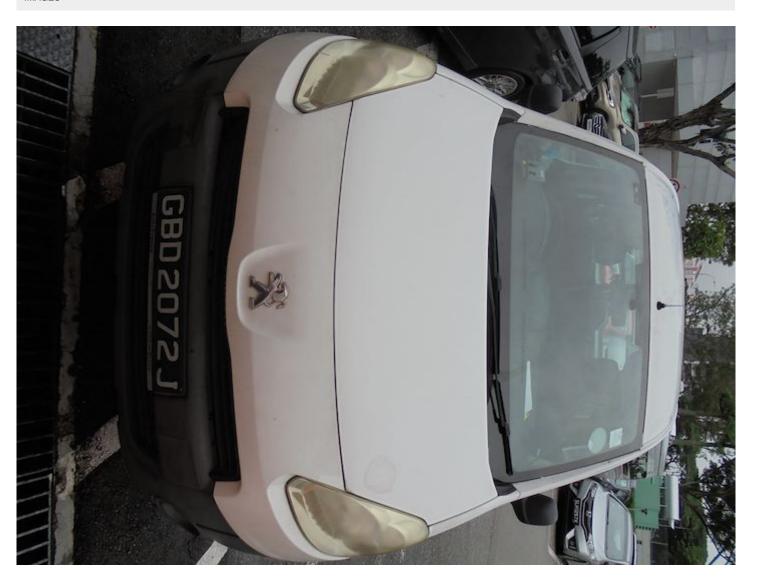
## Sketch Plan



On	OS T	LY S	2028	. т	W.	di	ine	hal.	,	Snc	COM			. A	Docth	Ave .
Ar	duo T	- 1		+ .	0.012	J.	(in c)	PON		000	3305	CI YOU	)	Us of	or in	lis credio
Viald	turn	and	I	Cannot	bo	alce 1	» +	md.	ave 1	>b>	5325	510	Pfrd	at t	ine c	us checho
				A	10.7074											
										1000000	-					
					100000			-	-							
	-3350	4000								111						
														-		
									- 27			1 100				
									-							
															-	
			-													
							-									
		ST1555-5														-
								-1111								
-					-				-			11110100				
							-	-								

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

vJun2022

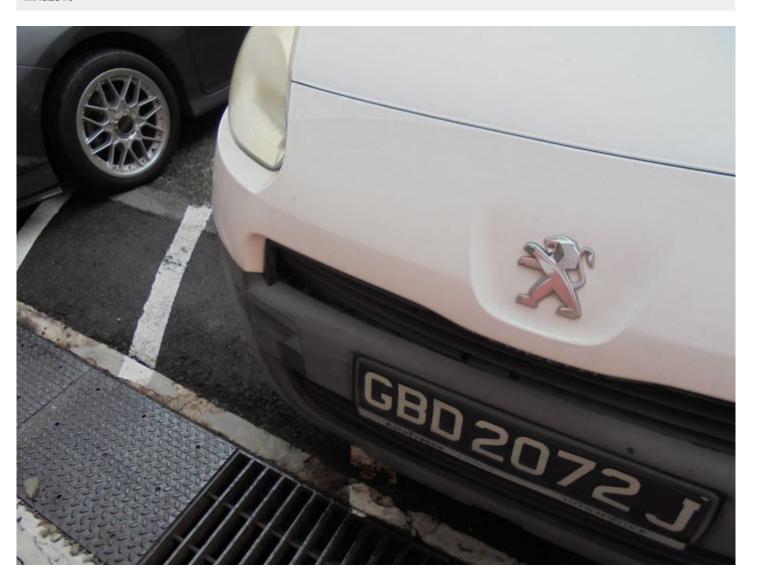














COMPANY NO: 199201312E PAX: 02











	ADDENDU	JM	
) PA	RTICULARS OF PERSON MAKING THE AMENDMENTS	:	
Ori	iginal Report No: SCIP-23760002	Vehicle Registration No:	GBD20727
Na	me (as shown in NRIC): FOR WEE MONG	NRIC/FIN/Passport No:	588533062
	Vehicle Driver/Policyholder) (*) Please delete as appr		
Add	dress: 206 SERANCOON CEHTRAL	H09-165	Singapore (CSOXC
Cor	ntact (Tel):		
Em	nail Address: MARCUS FONCHMEMACO	FP. COM.SC	
Dai	te of Accident: 05/07/23	Time of Accident:	400 475
	ice of Accident: ONE HOPTH AVE X		
	surance Company: MS FIRST CAPTIAL IT		
	FHICLE RECISIPATION NUMBE	70720124	
_			
_		d'	
5 <u></u>			
_			
		Wells	
Poli Dat	icyholder / Actual Driver's Signature te:	Reporting Centre Per Name (as in NRIC/ID Date: 617/27	

53902022