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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number

EMail Address

- 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 Authorised Driver.
- 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 ability.
- 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 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 Report	29/11/2017 17:03
Date Of Accident	15/11/2017 00:00
Exact Location Of Accident	174 HOLLAND ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX7426A
Insured/Policyholder	
Name Of Registered Owner	PRADHAN MANISH PRAKASH
NRIC No	S6961943F
Email Address	MANISH,PRADHAN2769@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82982043
Alternative Phone No	OTHERS-82982043
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 28606661 SMF
Cover Note Number	
Driver	
Name of Driver	PRADHAN MANISH PRAKASH
NRIC No	S6961943F
Date Of Birth	27/08/1969
Occupation	INDOOR
Date Of Driving Pass	06/09/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82982043
Fax Number	

OTHERS-82982043

MANISH.PRADHAN2769@GMAIL.COM

Address

6 DOVER RISE

70

#17-03 138678

Postcode

10001

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

-

General Information of the Accident

Type Of Accident

NO COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

=575

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

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

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number

Email Address

SKD9999H

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must 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.
- Any false reporting may be referred to the Police for investigation.
- 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 29 Mov-17

5.00pm

Driver's Signature

(If driver is not the policyholder)

Millradhan

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

K	Reporting only.
	Received the letter from MSIG dord
	20 Nov. 2017 on 28th Mov. 2017.
	Based on letter the Acciden claim
	was made by Cycle & Carriage Ind.
	Pie Ltd. on behalf of owner
	SKD 9999H.
	This acrident claim needs to be
	Verified & further investigated.
_	
_	

## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE 15/11/1	א/סמון ד	WYYYYI, TIMI	00.00	$\sum_{ \{HH:MM\} }$	1
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LOCATION: 174 HOL	lane	11000			
1. DETAILS OF VEHICLE		and the second	79	1 1 -	
a) YEHICLE NUMBER:	SGX 7	426A.		10	
HINSUPANCE COMPAN	y M5	G			
OPOLICY NUMBER: 2	850 660	61 SMF	I VID DARTY I	IDE ATHEFT	eV.
dipolicy Type: COMPR	EHENSIVEY IF	ALT'IS	HIKU PAKITI	INC OFFICE	910
O)MAKE & MODEL:	E / MPV /VAN	I/ICRRY/M	OTORCYCLE.	OTHERS!	
g) VEHICLE CATEGORY	RIVATE CO	MMERCIAL /	MOTORCYCL	E) .	24
hipurpose of using at	ACCIDENT TO	ME: Dan	Use		7.
I) ARE YOU CLAIMING UN	DER YOUR O	WN INSURAN	CE (YES/NO)		
IF NO, PLEASE STATE (TH	IRD PARTY CL	AIM / REP.OR	TING ONLY)		(2)
2. INSURED / POLICY HOLD	ER				
TO DU AN	14111111	SH PRAK	ASH (MALB)	FEMALE)	143
DINRIC/FIN/PASSPORT:_	564619	4 3 kg C	6 DOVER	RISE	
CIADDRESS: # \7-	OF ORE	138678		, t	-
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MANUAL BENZES					
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LINGUISH OFFICE BINRIC/FIN/PASSPORT!	56961	943F C	CONTACT:_Z	29846	240
(1) CIADDRESS: #17-0	3 700		S DOVER	KIDE	
to) DATE OF BIRTH: [ 2]	SAPORE	MANDON P	Total Control of the	7	
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6. WAS ANYBODY INJURED	VARI VOIH	Elcó		7.4	
T ALREPORTED TO POLICE	(YES / NO)		66		59
IF YES, PLEASE STATE W	HICHPOLICE	E STATION:			
			005		45
B. THIRD PARTY VEHICLE ALLOW OF PASSENGER OF VEHICLE NUMBER:	MO II	TH	MODEL!		
CITY DI DKIVEK 3 NAME:			CONTACT:_		
C MEICLEMIL WOOLOW	(T:		.00111/1011_	98111 - V	
() 9. THIRD PARTY VEHICLE			MODEL:	AN)	
4 10 of passinger a) VEHICLE NUMBER:	-11				
(Including driver) 1) NRICEN PASSPOR	RT:		_CONTACTILL		
	4				
			8 ×	3	17

email: manish. pradhanz 769 @gmail: com
fax = .
V1080



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6225 7402 www.msig.com.sg

Your Ref Our Ref SGX7426A

537334 (Please quote our reference when replying)

20 Nov 2017

URGENT

PRADHAN MANISH PRAKASH 6 DOVER RISE #17-03 HERITAGE VIEW TOWER C SINGAPORE 138678

Dear Sir/Madam

Accident involving SGX7426A and SKD9999H along 174 HOLLAND ROAD

Policy No

28606661SMF

Date of Accident

15 Nov 2017

We have received a property damage claim from Cycle & Carriage Industries Pte Ltd acting on behalf of the owner of SKD9999H. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

- Driving license
- Identity card
- 3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Catherine Thia Shi Yi Senior Executive Claims Services (Motor)

Tel

6594 2545

Fax

+65 6225 7402

Email

catherine thia@sg.msig-asia.com



## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6961943F



PRADHAN MANISH PRAKASH



INDIAN Date of birth 27-08-1969 INDIA





8683604



96961943F

INDIAN Date of lance

31-12-2004 the first the Shirt mark of

6 DOVER RISE #17-03 SINGAPORE 138678 SINGAPORE 138678 Date: 07/01/2010 (R) No: 6 4 1 6 3 8 6

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 28 Metarcycles =< 200 cc 95 Sep 2007
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 96 Sep 2007
of the driver; and other motor vehicles =< 2500kg

NF 428A





MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

# Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership ULTIMATE CAR PROTECTOR-PREMIER Comprehensive

Certificate No. S 28606661 SMF

Excess: SGD500

Index Mark and Registration Number of Vehicle SGX7426A

2. Name of Policyholder

Pradhan Manish Prakash

Effective Date of the Commencement of Insurance for the purposes of the Act 05/09/2017

4. Date of Expiry of Insurance

04/09/2018

Persons or Classes of Persons entitled to drive\*

Pradhan Manish Prakash Any other person provided he is driving on the Folicyholder's order or with the Policyholder's permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing page-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

//WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles. (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

> MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

