

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 Authorised 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 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	14/12/2017 15:54
Date Of Accident	13/12/2017 18:50
Exact Location Of Accident	JUNCTION OF ORCHARD AND KOEK ROAD TOWARD KILLINEY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6445L
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Insured/Policyholder

Name Of Registered Owner	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
Co Reg No	197901535G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96746150

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z G-EDITION A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MSD/VPCP/17-001785
Cover Note Number	N.A.

Driver

Name of Driver	KAMSANI BIN SULEIMAN
NRIC No	S0116091E
Date Of Birth	20/11/1952
Occupation	INDOOR
Date Of Driving Pass	24/01/1978
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96746150
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING

Road Surface WET

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) 1

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

I (SLF6445L) WAS TRAVELLING TOWARD KILLINEY MOVING OFF FROM THE TRAFFIC LIGHT FROM KOEK ROAD ON THE MOST LEFT LANE, WHEN A TAXI (SHD3045K) ON THE SECOND LANE ON MY RIGHT, SWERVED AND TRY TO CUT INTO MY LANE. AS A RESULT, THE LEFT PASSANGER DOOR OF THE TAXI MAKE CONTACT WITH THE FRONT RIGHT SIDE OF MY CAR. NO INJURIES INVOLVED.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WILL EMAIL TO INSURANCE COMPANY

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3045K

Vehicle Make/Model/Colour HYUNDAI/ I40/ BLUE

Details Of Properties NA

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number NA

Address NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

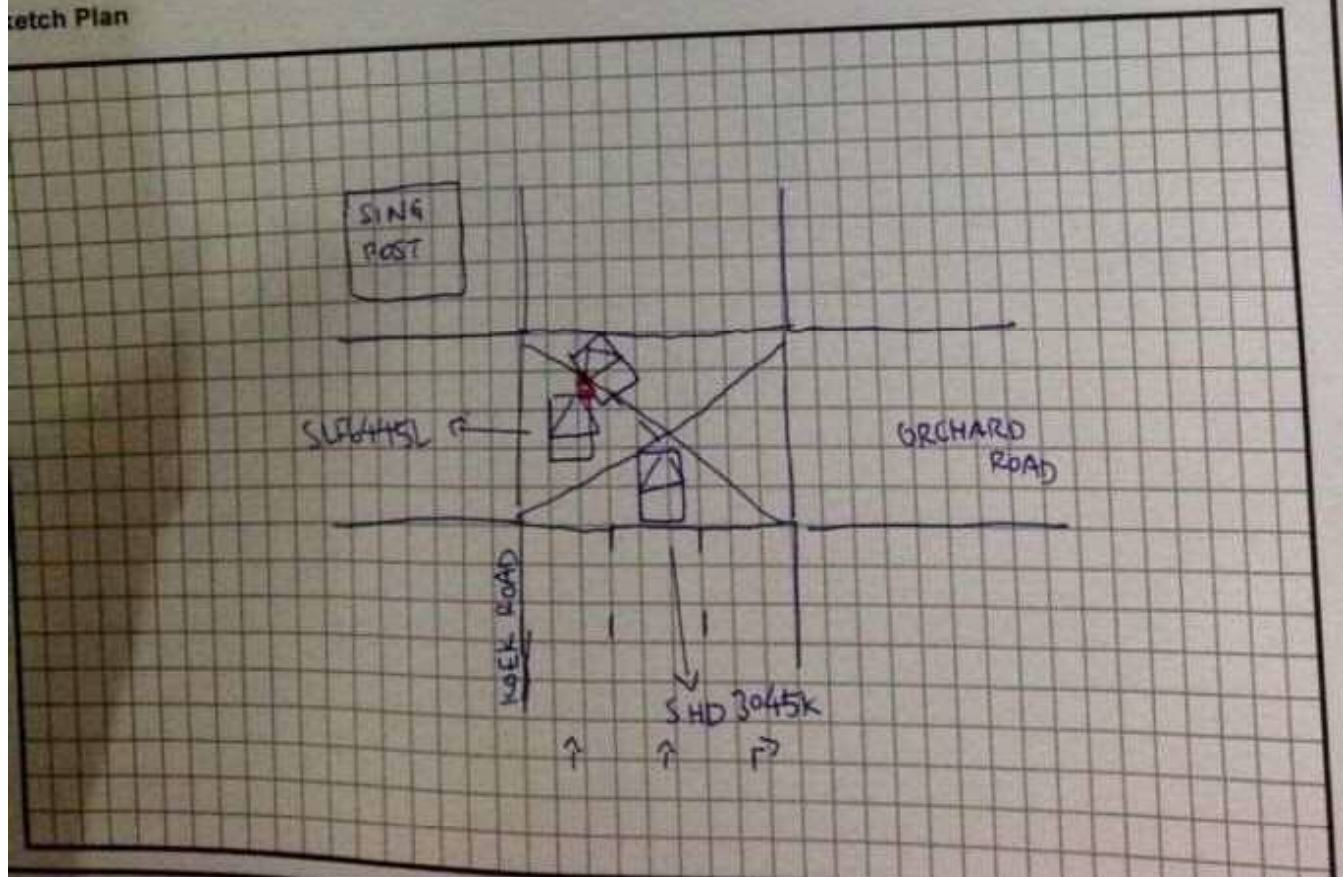
Insurance companies to repudiate policy...
 Issue and acceptance of this form by insurance companies is not an admission of policy...
 Also reporting may be referred to the Police for investigation.
 Report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association
 Singapore (GIA) for archiving and that copies of this report will for a fee be made available application by interested parties.
 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
 made available aforesaid.
 I understand, acknowledge, agree and consent that:
 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
 me (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured
 me(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;
 investigating the accident and/or my claims;
 carrying out and/or dealing with my instructions or responding to any enquiries by me;
 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
 complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
 If 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
 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

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

Witnessed by Reporting Centre
 Personnel

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

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Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

14 December 2017 at 2:59 PM

Date/Time:

14 December 2017 at 2:59 PM