

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	04/01/2018 10:36
Date Of Accident	01/01/2018 04:35
Exact Location Of Accident	ALONG AYE TWDS ROCHOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6076L
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	E-KARZ RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68425988

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	A 28927339 MKF
Cover Note Number	

Driver

Name of Driver	RAJVINDER KAUR
NRIC No	S8731002G
Date Of Birth	02/10/1987
Occupation	INDOOR
Date Of Driving Pass	15/11/2010
Driving Experience	7 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91084857
Fax Number	
Contact Number	
EEmail Address	RAJVIN_K@HOTMAIL.COM

Address	BLK 203 BEDOK NORTH ST 1 #04-464
Postcode	460203
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : E DHEEPAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180104/2009

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	SLG5243D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RAJVINDER KAUR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJG6076L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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 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. 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.
7. 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:
 - (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' 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:
 - (i) 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.



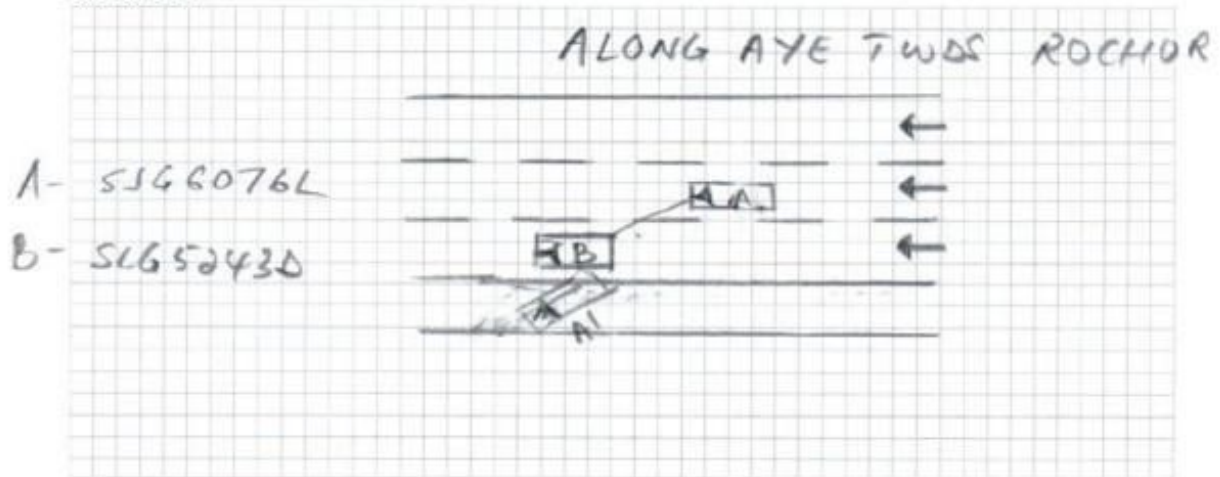
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/1/18

[Signature] 04/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20180104/2007

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/1/18

[Signature] 04/01/18
Report Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180104/2009

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180104/2009

CONTINUATION OF REPORT

Driver			
Name	RAJVINDER KAUR	ID No.	S8731002G
Related Vehicle	SJG6076L (Car)	Contact No.	91084857
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	01/01/2018	Date Discharge	01/01/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the 01/01/2018 at about 0435hrs, I was driving my car along AYE towards ECP and I was on the 2nd lane. It was raining heavily at that point of time. While driving, I saw a puddle of water ahead of me and I wanted to swerved to my left to avoid the puddle of water. However my car skidded and grazed onto the other party car. My car then spin a few times before hitting the shoulder road divider. My car airbag was also activated due to the impact.

I was still conscious and managed to get out of the car. I made a checked with the other driver who did not suffer any injuries and only scratches on his car right lower bumper. He informed me that he is fine and subsequently left the scene before police and ambulance arrival. Minutes later, ambulance arrived and conveyed me to the hospital, conscious. I was discharged on the same day and was given two days of MC. There is no built in car camera inside my car.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180104/2009

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3
Report No. T/20180104/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2018 08:13	Vide Report No.:	Station Diary No.: 24
--	------------------	--------------------------

Informant's Particulars

Name of Informant: RAJVINDER KAUR			Address: APT BLK 5 ST. GEORGE'S LANE #03-193 SINGAPORE 320005	
ID Type / ID No.: NRIC NO / S8731002G			Contact No.: Home/Office: Mobile: 91084857	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 30	Date of Birth: 02/10/1987	Type of Informant: Driver	
Race: Sikh			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/01/2018 04:35	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYER RAJAH EXPRESSWAY TOWARDS ECP BEFORE ALEXANDRA ROAD EXIT				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG6076L	Car	TOYOTA	COROLLA AXIO	Beige	Seriously Damaged	1
SLG5243D	Car	TOYOTA	COROLLA ALTIS			0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**



T/20180104/2009

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180104/2009

CONTINUATION OF REPORT

Driver			
Name	RAJVINDER KAUR	ID No.	S8731002G
Related Vehicle	SJG6076L (Car)	Contact No.	91084857
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	01/01/2018	Date Discharge	01/01/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the 01/01/2018 at about 0435hrs, I was driving my car along AYE towards ECP and I was on the 2nd lane. It was raining heavily at that point of time. While driving, I saw a puddle of water ahead of me and I wanted to swerved to my left to avoid the puddle of water. However my car skidded and grazed onto the other party car. My car then spin a few times before hitting the shoulder road divider. My car airbag was also activated due to the impact.

I was still conscious and managed to get out of the car. I made a checked with the other driver who did not suffer any injuries and only scratches on his car right lower bumper. He informed me that he is fine and subsequently left the scene before police and ambulance arrival. Minutes later, ambulance arrived and conveyed me to the hospital, conscious. I was discharged on the same day and was given two days of MC. There is no built in car camera inside my car.

Police Report



SINGAPORE
POLICE FORCE



T/20180104/2009

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180104/2009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt MUHAMMAD AZLAN BIN ANEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2018 08:13

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP155



SINGAPORE
POLICE FORCE

SIGNATURE