

## 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 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	19/01/2018 14:49
Date Of Accident	18/01/2018 11:50
Exact Location Of Accident	CIVIL DEFENCE ACADEMY AT JALAN BAHAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6978A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JA LAN TIONG PTE LTD
Co Reg No	199303540G
Email Address	SENGKIN@YMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62688700

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 D L ABS AIRBAG 2WD 6DR (M)
Exact Purpose for which vehicle was being used at time of accident	PARKED STATIONARY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B28780031MKC
Cover Note Number	

### Driver

Name of Driver	CHU WAI KENT
NRIC No	S9276386B
Date Of Birth	16/04/1992
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727962
Fax Number	
Contact Number	
EMail Address	SENGKIN@YMAIL.COM

Address	13 SARACA TERRACE
Postcode	805475
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### 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 Witness 1

Name	ZAKI
Phone Number	91774644
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3293X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEYAKATH ALIKHAN SHEIK ABDULLAH
NRIC/Passport Number	G2251400H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

### Sketch Plan

#### Describe Circumstances of the Accident

On 18-01-2018 Time 6:55am, Vehicle NO GBC 6978A Parked at CAR park 'B' of Civil defence academy.

About 11:50am, I went back to collect my vehicle and realized my vehicle GBC 6978A was badly damaged at the front left portion.

A witness no. Zaki told me it was a lorry NO YP 3293K hit my vehicle and the driver name: Leyakun Alihan Sheikh Abdullah admitted he damaged my vehicle.

He told me that he making a three point turn and his rear Right Collided onto my front left portion.

#### Declaration

We declare the foregoing particulars are true in every respect.

JA LAN TIONG PTE LTD  
69, QUALITY ROAD, JURONG TOWN,  
SINGAPORE 618822  
TEL: 62688700 FAX: 62684427 62680769

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan #2

### SKETCH PLAN

#### IMPORTANT NOTICE

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#### 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.

JA LAN TIONG PTE LTD  
69, QUALITY ROAD, JURONG TOWN,  
SINGAPORE 618822  
TEL: 62688700 FAX: 62684427, 62680769

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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Civil Defence Academy