

MSME18020572 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 10/02/2018 12:39
SUBMITTED BY: Chia Pei Ying

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	10/02/2018 12:39
Date Of Accident	09/02/2018 10:00
Exact Location Of Accident	ALONG AYE TWDS CITY (EXIT TO LOWER DELTA RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GR6686D
Insured/Policyholder	
Name Of Registered Owner	CASSEROLE CATERING SERVICES PTE LTD
Co Reg No	201530426E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63236445

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE

Exact Purpose for which vehicle was being used at time of accident

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	A29031802TMV

Cover Note Number

Driver

Name of Driver	ONG YU GUI EDWIN
NRIC No	S8931252C
Date Of Birth	04/09/1989
Occupation	INDOOR
Date Of Driving Pass	01/04/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91778521
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 62 WOODLANDS DRIVE 16 #06-25
 Postcode 737895
 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 COLLISION - HEAD TO REAR
 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? 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) 2
 Passenger 1 NAME: : MAMAT
 GENDER: : MALE

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

ON 09/02/2018 AT ABOUT 10AM, I WAS DRIVING MY COMPANY VAN (GR6686D) WITH ONE PASSENGER ALONG AYE TOWARDS CITY. UPON REACHING THE JUNCTION OF SLIP ROAD EXIT TO LOWER DELTA ROAD, I WAS STATIONARY TO GIVE WAY TO ONCOMING TRAFFIC FROM MAJOR ROAD. SUDDENLY, I FELT AN IMPACT FROM BEHIND. WHEN I CAME OUT TO INSPECT MY VEHICLE, I REALISED THAT VEHICLE B (GBB531A) DID NOT STOP IN TIME AND COLLIDED ONTO REAR PORTION OF MY VEHICLE. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (GBB531A)'S INSURANCE FOR MY ACCIDENT DAMAGES. I WISH TO STATE THAT ME AND MY COLLEAGUE WILL GO TO SEE DOCTOR IF FEEL ANY UNCOMFORTABLE AFTER THIS.

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 GBB531A
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver PALANI RAMAIAH
 NRIC/Passport Number G7631216N
 Contact Number 86709602
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.
- (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.

Casserole Catering Services Pte. Ltd.
17 Chin Bee Crescent
Singapore 619898
Tel: (65) 6223 6445 Fax: (65) 6223 5246

Policyholder's Signature
Date & Time:

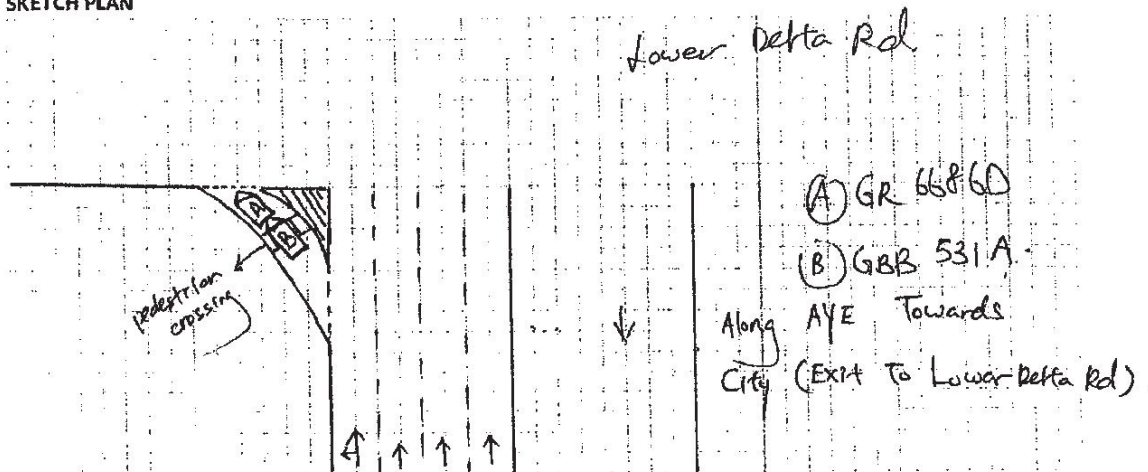
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

PRECISE

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09-02-18 @ about 10am, I was driving my company van (GR 6686D) with one passenger along AYE Towards City. Upon reaching the junction of slip road exit to Lower Delta Rd, I was stationary to give way to the oncoming traffic from Major Road. Suddenly, I felt an impact from behind, when I came out inspect my van & I realized that Vehicle B (GBB 531A) did not stop in time and collided onto rear portion of my vehicle. Hence I hereby lodge this report to claim against Vehicle B (GBB 531A)'s Insurance for my accident damages. I wish to state that me & my colleague will go to see doctor if feel any uncomfortable after this!

DECLARATION

Cassiole Catering Services Pte Ltd
I declare the foregoing particulars are true in every respect.

17 Chin Bee Crescent
Singapore 619898

Tel: (65) 6223 6445 Fax: (65) 6223 5246

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.: