

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	02/04/2018 12:02
Date Of Accident	02/04/2018 08:55
Exact Location Of Accident	TPE(CHANGI) BEFORE EXIT 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA48J
Insured/Policyholder	
Name Of Registered Owner	FYNO PRECISION P/L
Co Reg No	200300790E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67558177

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
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	A28650069MKC
Cover Note Number	

Driver

Name of Driver	LIM ENG LEE
NRIC No	S1490709B
Date Of Birth	10/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1982
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94218616
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 786E WOODLANDS DRIVE 60 #10-11
Postcode	735786
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?	YES
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)	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

ON 02/04/2018 AT AROUND 0855HRS, I WAS DRIVING ALONG TPE(CHANGI) TOWARDS EXIT 5 AND I WAS ON THE EXTREME LEFT 1ST LANE. ITS IS SLOW TRAFFIC ON THAT TIME AND I WAS MOVING SLOW. SUDDENLY I FEEL AN IMPACT FROM MY REAR THEN I STOP MY VEHICLE. I WENT DOWN TO SEE AND NOTICES THAT VEHICLE B HAD COLLIDED ONTO MY VEHICLE REAR PORTION.

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	YP5489K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELVARAJ SARATHI
NRIC/Passport Number	G2653423U
Contact Number	84262312
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM ENG LEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBA48J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

FYNO
 Fyno Precision Pte Ltd
 20 Woodlands Ind. 132-25/27
 Singapore 737553
 Tel: (65) 6755 0177 Fax: (65) 6755 0169




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.:

I AM AWARE THAT MY INSURER MAY HAVE A **14 DAYS TIMEFRAME** FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN

Handwritten sketch plan on a grid background. The sketch shows a vehicle labeled 'A' (GPA 48J) and a vehicle labeled 'B' (VP 5449K). The vehicles are positioned on a grid with dashed lines. The vehicle 'A' is at the top right, and vehicle 'B' is below it. There are arrows indicating movement or direction. The text '1PE (Chang) Ref Part 5' is written vertically on the left side of the grid.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Accident Circumstances.

DECLARATION

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

FYNO
Fyno Precision Pte Ltd
20 Woodlands Link #02-25/26/27
Singapore 737733
Tel: 650 6780 0117 Fax: 650 6780 0168

Policyholder's Signature
Date & Time:

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

☐ Claim own policy
☐ Claim third party
☒ Claim OD / TP at other works hop Tak C Automotive
☐ For record purpose
Policy No. A286D0069 MKC
Insurer MSI Veh. No. GPA 48J

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