

MNA118129701 / National Assessment Centre Services - Ubi
 ENTRY DATE & TIME: 06/10/2018 12:43
 SUBMITTED BY: Khairulnizam w/o Gomedasany

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 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. 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 06/10/2018 12:43
 Date Of Accident 04/10/2018 11:35
 Exact Location Of Accident ALONG ORCHARD ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB9243Y
 Insured/Policyholder
 Name Of Registered Owner OVERSEAS COURIER SERVICE (S) PTE LTD
 Co Reg No -
 Email Address SHIFAR1802@GMAIL.COM
 Mobile Phone No (LOCAL) +65-82237118
 Alternative Phone No OFFICE-82237118

Vehicle Particulars

Manufacturer TOYOTA
 Model -
 Exact Purpose for which vehicle was being used at time of accident WORK
 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 THIRD PARTY
 Fleet Policy NO
 Policy Number J 300056873 MKC
 Cover Note Number
 Driver
 Name of Driver MUHAMMAD FARHAN BIN ABDUL KADER
 NRIC No S8705625B
 Date Of Birth 18/02/1987
 Occupation OUTDOOR
 Date Of Driving Pass 11/10/2013
 Driving Experience 4 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-82237118
 Fax Number
 Contact Number OTHERS-82237118
 EMail Address SHIFAR1802@GMAIL.COM

Address BLK 878A TAMPINES AVENUE 8
#15-03
Postcode 521878
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) 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

PLS REFER TO THE ATTACHED STATEMENT.

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 SHA2544J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver MOHAMMED FAIROZ BIN SAFARI
NRIC/Passport Number S7029688H
Contact Number 98248743
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.

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.:

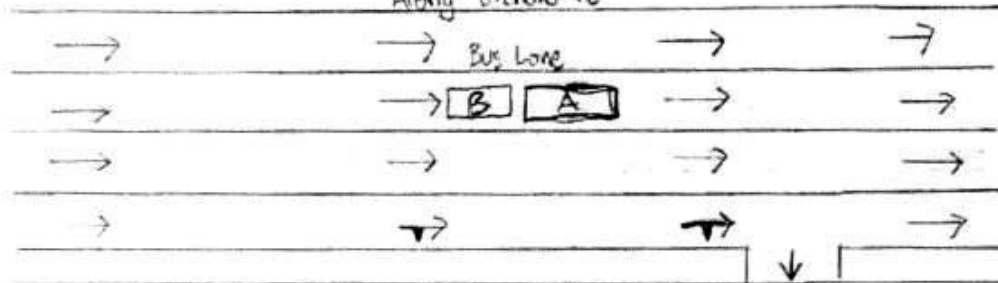
Sketch Plan #2

SKETCH PLAN

Royal Thai
Embassy

A - GBB 92434
B - SHA 2544J

Along orchard rd



Hilton Singapore

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along orchard rd when vehicle B hit the back of vehicle A. Vehicle A's rear is badly damaged. Vehicle A rear door can't open.

DECLARATION

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

X
Policyholder's Signature
Date & Time:

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

[Signature] 6/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/YIN No.: