

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	18/10/2018 11:09
Date Of Accident	10/10/2018 18:55
Exact Location Of Accident	CHANGI CLUB HOUSE 2 NETHERAVON ROAD (S508503)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8341H
Insured/Policyholder	
Name Of Registered Owner	UNI - TAT ICE & MARKETING PTE LTD
Co Reg No	199406736C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-62061739

Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29083968 MKC
Cover Note Number	

Driver

Name of Driver	VEERAPPAN ELAIYARAJA
Passport No/FIN	G2158393L
Date Of Birth	04/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-62061739
Email Address	NOEMAIL

Address	UNI-TAT ICE & MARKETING PTE LTD
Postcode	
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 BY FALLEN TREE / OTHER OBJECTS
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

Sketch Plan

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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:

17 OCT 2018



Driver's Signature

(if driver is not the policyholder)

Date & Time:

17 OCT 2018



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

18/10/2018

Sketch Plan #2

Refer to photo attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

10/11/2018 6:45 PM was rainy day when I drove into loading bay.
I reversed vehicle into parking lot not knowing the overhead canopy
is hit by my vehicle's refrigeration - box's top surface.
The tempered glass is shattered but did not fall to the ground.
No injuries reported.
top left corner of the overhead canopy dent, scratched & glass panel
shattered.

The clubhouse operation manager confirmed no injury & no damage
to the club members & cars during the accident.

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 17 OCT 2018

Driver's Signature
(If driver is not the policyholder)

Date & Time: 17 OCT 2018

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

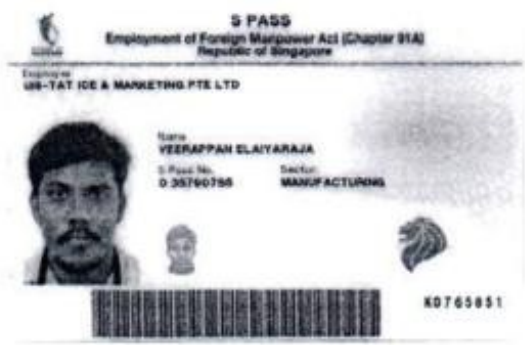
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WATSON SketchPlanForm_V2

Sketch Plan #3



Sketch Plan #4



Sketch Plan #5



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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