

## 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	31/10/2018 16:52
Date Of Accident	30/10/2018 13:50
Exact Location Of Accident	ALONG PATERSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4779K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEA01BR1SDEB (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	THIRD PARTY
Fleet Policy	YES
Policy Number	29004183
Cover Note Number	

### Driver

Name of Driver	HEMESWARAN MUNUSAMY
Passport No/FIN	G2628358U
Date Of Birth	04/04/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82424130
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	18 TUAS AVE 10 LEVEL 6
Postcode	639142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	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 30/10/18 AT ABOUT 1:50PM, I WAS TRAVELLING ON THE 2ND LANE ALONG PATERSON ROAD. I WAS INTENDING TO MAKE A RIGHT TURN AFTER THE TRAFFIC LIGHT JUNCTION, HENCE I KEPT ON THE 2ND LANE. I WAS APPROACHING THE TRAFFIC LIGHT JUNCTION WHEN VEHICLE B ON MY RIGHT SUDDENLY SWERVED INTO MY LANE, CAUSING DAMAGES. AS A RESULT, MY VEHICLE SUSTAINED DAMAGES AT THE FRONT RIGHT 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	SH9752L
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	NG KOK KONG
NRIC/Passport Number	S1401769J
Contact Number	96875529
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LEFT SIDE PORTION
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :  
GENDER: :

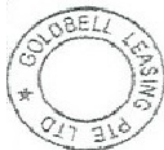
**SKETCH PLAN**

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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:

*Xing Hem*

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

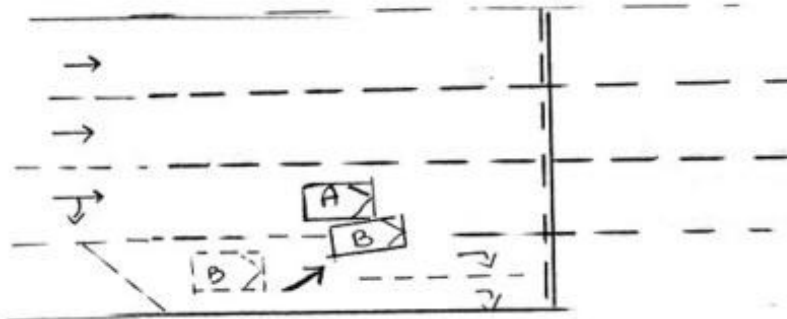
GBE 4779K



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

SKETCH PLAN

Patersen Rd



Veh A: GBE 4229 K  
B: SH 9752 L

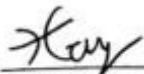
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/10/18 at about 150pm, I was travelling on the 2nd lane along Paterson Road. I was intending to make a right turn after the traffic light junction, hence I kept on the 2nd lane. I was approaching the traffic light junction when veh B on my right suddenly swerved into my lane, causing damages. As a result, my vehicle sustained damages at the front right portion.

DECLARATION

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

  
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.:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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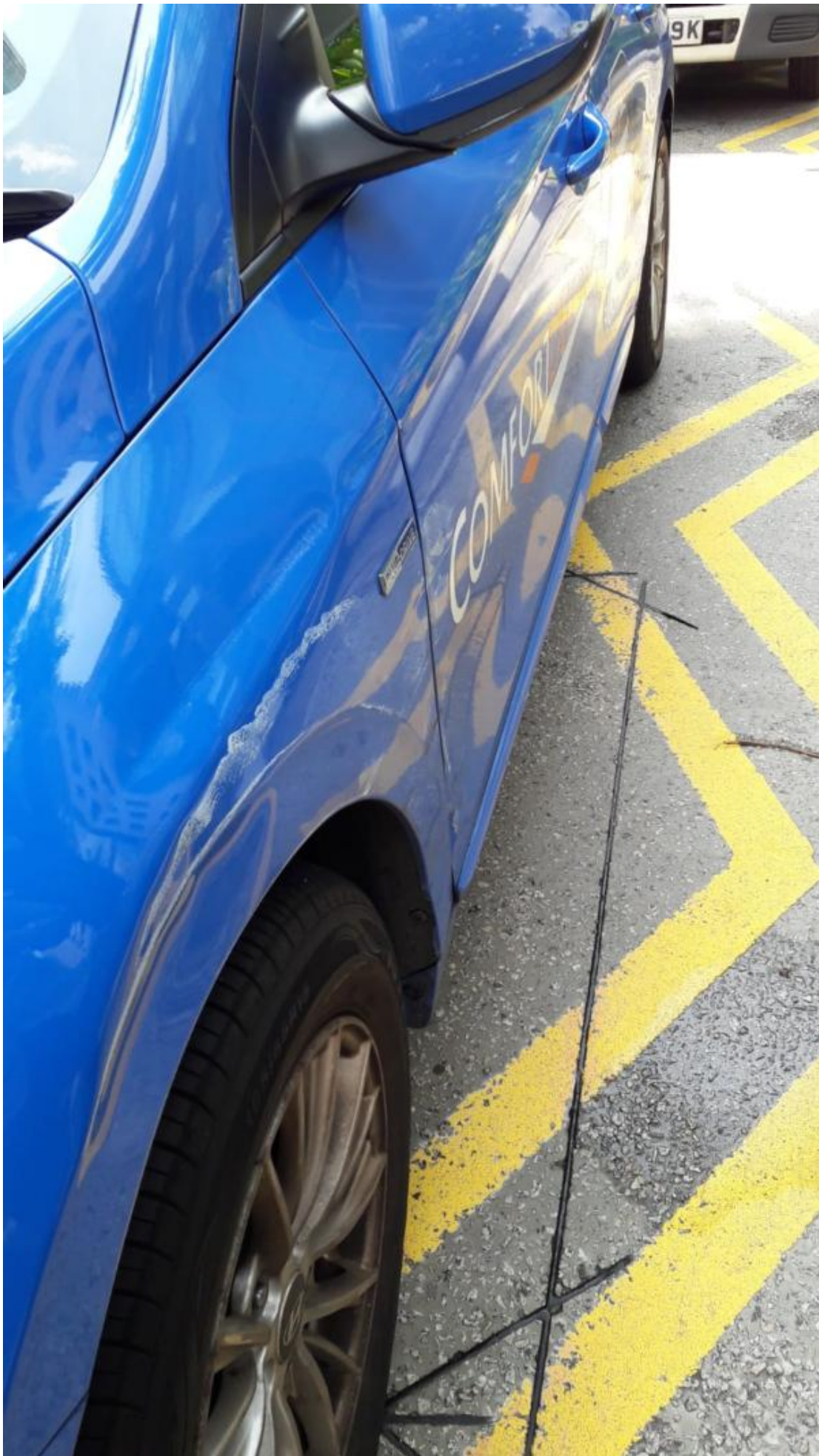


Accident Photo





Accident Photo





## Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G2628358U**  
 Name: **HEMESWARAN MUNUSAMY**

Birth Date: **04 Apr 1990**  
 Issue Date: **03 Aug 2016**  
 Valid Till: **02/08/2021**

002595401A

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 CC	03 Aug 2016
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	24 Mar 2017

G2628358U S / No. 9000257854

NP 428A

**VISIT PASS**  
Immigration Regulations

Name: **HEMESWARAN MUNUSAMY**

FIN: **G2628358U**

Date of Birth: **04-04-1990** Sex: **M**

Nationality: **MALAYSIAN**

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **NTC WISMETTAC SINGAPORE PTE. LTD.**

Name: **HEMESWARAN MUNUSAMY**

Work Permit No: **4 05167956** Sector: **SERVICE**

K0393046

PASS EXPIRES ON 13 MAY 2020

CLASS 3 ~ 24 MAR 2017