

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 12/12/2018 10:17
Date Of Accident 11/12/2018 12:10
Exact Location Of Accident NO 3 SOON LEE STREET
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH2574G
Insured/Policyholder
Name Of Registered Owner JET-VACS SERVICE PTE LTD
Co Reg No -
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-81535810
Alternative Phone No OFFICE-68420828

Vehicle Particulars

Manufacturer TOYOTA
Model DYNA
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE
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 A29077707MKC (COMP)
Cover Note Number

Driver

Name of Driver PERUMAL NATHAN
NRIC No G7066952N
Date Of Birth 15/05/1976
Occupation OUTDOOR
Date Of Driving Pass 01/01/2009
Driving Experience 9 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81535810
Fax Number
Contact Number OTHERS-81535810
Email Address NOEMAIL

Address BLK 3005 #03-52 UBI AVE 3
Postcode 408861
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 AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
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: : ANGREAY
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

I PARKED MY VEHICLE IN FRONT OF THE COFFEESHOP (KIM SAN LENG COFFEESHOP). AT THAT POINT OF TIME I WAS INSIDE MY VEHICLE. A VEHICLE SLH 12G WHICH WAS DRIVING ON MY RIGHT DROVE IN FRONT OF ME VEHICLE AND SUDDENLY REVERSED HIS VEHICLE SLH 12G TO PARK IN THE PARKING LOT BEHIND. IN THE PROCESS OF REVERSING, HIS VEHICLE SLH 12G FRONT LEFT PORTION HIT ONTO THE FRONT RIGHT PORTION OF MY PARKED VEHICLE. (ATTENDED BY CHRISTINA)

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 SLH12G
Vehicle Make/Model/Colour MERZ
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver YEO ZHI XIN
NRIC/Passport Number S8715023B
Contact Number 91878583
Address
Postcode
Insurance Company Name

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:

NCI

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

11 DEC 2018



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

SKETCH PLAN

Ref to sketch attached

A - GBH 25746

B - SLH 126

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DoA - 11/12/18


DECLARATION

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

11 DEC 2018

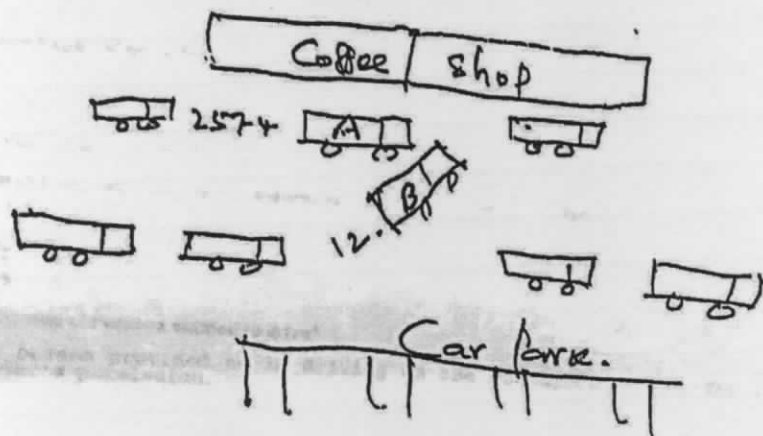


Policyholder's Signature
Date & Time:


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



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



A- GBH 2574G
B- SLH 12G



GBH 2574G

DOA - 11/12/18

11 DEC 2018