### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	26/12/2018 15:59
Date Of Accident	19/12/2018 21:05
Exact Location Of Accident	OLD WOODLANDS RD TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
C	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT7111U
Insured/Policyholder	
Name Of Registered Owner	SULAIMAN BIN ALI
NRIC No	S7400243I
Email Address	SULAIMAN@MYPENTA.NET
Mobile Phone No	(LOCAL) +65-91448746
Alternative Phone No	OTHERS-91448746
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 29046534 SMF
Cover Note Number	
Driver	
Name of Driver	SULAIMAN BIN ALI
NRIC No	\$74002431
Date Of Birth	04/01/1974

 NRIC No
 \$7400243I

 Date Of Birth
 04/01/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 21/01/1994

Driving Experience 24 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91448746

Fax Number

Contact Number OTHERS-91448746

EMail Address SULAIMAN@MYPENTA.NET

**BLK 12A MARSILING LANE** Address

#04-55

Postcode 731012

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### **General Information of the Accident**

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? YES

JQK9163 (PRIVATE CAR) Foreign Vehicle Registration Number

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1 NAME: : WIFE

> GENDER: : FEMALE

### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS WEST NPC

ROAD: 9 MARSILING LANE, POSTCODE: 739146, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

### PLEASE REFER TO POLICE REPORT T/20181220/2011

### 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 JQK9163

Vehicle Make/Model/Colour PERUDUA AVANZA

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SHANMUGAM ELANCHELIAN

A34377609 NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 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.
- 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.
- 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:
  - 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")
- 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:
  - 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: 26/12/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signal

NRIC/FIN No.:

## Accident Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  ACCIDENT  DESCRIBE CIRCUMSTANCES OF THE ACCIDE	MODE	TOWAR		CARPADE.	1	1/6	SKETCH PLAN
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Policyholder's Signature  Driver's Signature  Driver's Signature  Reporting Centre Personnel's Signature  Name: Koll Warns		6/12/2018	11/01	10			1

## **POLICE REPORT**



T/20181220/2011

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 1 of 3 Report No. T/20181220/2011

## REPORT OF A TRAFFIC ACCIDENT

	0ate/Time Report Made: + 0/12/2018 02:40		Vide Report No.: L/20181219/0128	Station Diary No.: 40	
Informa	nt's Partic	ulars	RECKLEDING CONTRACTOR		
Name of Informant: SULAIMAN BIN ALI			Address: APT BLK 12A MARSILING LANE #04-55 SINGAPORE 73101		
ID Type / ID No.: NRIC NO / S7400243I			Contact No.: Home/Office:	Mobile: 91448746	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age:	Date of Birth: 04/01/1974	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: CONSTRUCTION MANAGER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/12/2018 21:05	Type of Location Straight Road
Location: Along Road 1 WOODLAND Old Woodland Lamp Post Ni	S ROAD ds Road towards Check	spoint before Esso Pe	etrol kiosk near to L/P3	29
Weather:	dillot. OLO	Road Surface: Dry		Road Speed Limit:
Clear		w., y		
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy

Details of Vehicle Involved					Service of the livery	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JQK9163	Car					1
SLT7111U	Car	HYUNDAI	Elantra	Grey	Slightly Damaged	1

#### POLICE REPORT



T/20181220/2011

2 of 3 Report No. T/20181220/2011

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGA

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

### Brief Details.

On 19/12/2018 at about 2105hrs, I was driving my car V1) SLT7111U along Woodlands Road towards Woodlands Checkpoint on the left lane of 2 lane road. The traffic was heavy and moving slowly. At one point, there was one Singapore registered van from the right lane intended to change to the left lane. Hence, I gave way to the said van and when the van was already in front of me, I felt an impact from my rear. I then alighted and discovered the front portion of V2) JQK9163 had hit the rear of my vehicle. I then approached the driver namely, Shanmugam Elanchelian, PP: A34377609 who was not compliant. Subsequently, I called for TP assistant.

There were scratches and cracked on my rear bumper. There was no injury at scene. I was advised by the TP officer at scene to lodge accident report vide incident L/20181219/0128.

## **POLICE REPORT**





Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999 CONTINUATION OF REPORT

3 of 3 Report No. T/20181220/2011

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Staff Sgt NURDILLA BINTE MURSANI	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2018 02:40
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	

























