

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	11/01/2019 15:36
Date Of Accident	11/01/2019 13:40
Exact Location Of Accident	LOR 6 TOA PAYOH TWDS LOR 2 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ1754G
Insured/Policyholder	
Name Of Registered Owner	UNISTRONG TECHNOLOGY (S) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87510446
Alternative Phone No	OFFICE-87510446

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
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?	YES
If No, Please state action to be taken	
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 29083609 MKF
Cover Note Number	

Driver

Name of Driver	MOHAMAD HAIDER BIN HASSAN
NRIC No	S9427371D
Date Of Birth	04/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87510446
Fax Number	
Contact Number	OTHERS-87510446
Email Address	NOEMAIL

Address	BLK 20 EUNOS CRESCENT #05-2953
Postcode	400020
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 (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
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)	3
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : FEMALE

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	SHC5373E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN LIAN WAH
NRIC/Passport Number	
Contact Number	91007360
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.



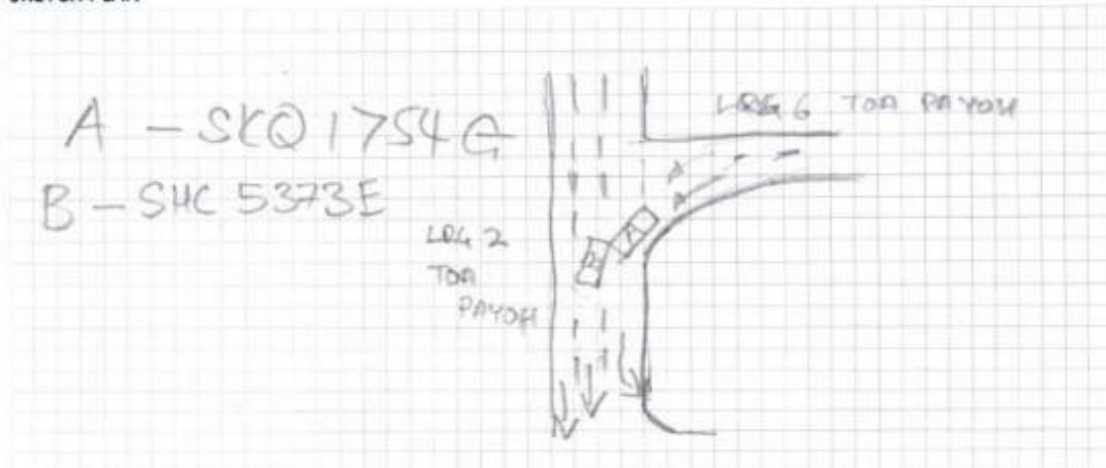
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A WAS TRAVELING ALONG LRG 6 TOA PAYOH
TURNING INTO LRG 2 TOA PAYOH. AFTER THE TURN VEHICLE
B BRAKE SUDDENLY INSIDE THE YELLOW BOX TO CHECK
TRAFFIC ON THE RIGHT. I, WHILE CHECKING TRAFFIC ON THE
RIGHT, DIDNT NOTICE VEHICLE B STOP, MY FRONT RIGHT HIT
ONTO HIS REAR LEFT. BOTH VEHICLE SLIGHTLY DAMAGE.

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.:

11/1/2019



**SINGAPORE
POLICE FORCE**



G/20181006/2063

1 of 2

POLICE REPORT (NP322)

Report No. G/20181006/2063

Police Station Of Origin
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Date/Time Report Made 06/10/2018 14:48	Vide Report No.	Station Diary No. 21
Name Of Informant MOHAMAD HAIDER BIN HASSAN	Address APT BLK 20 EUNOS CRESCENT #05-2953 SINGAPORE 400020	
ID Type / ID No. NRIC NO / S9427371D	Contact No. Home/Office	Mobile 87510446
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DRIVER	Sex Male	Age 24
Institution/School Name	Date of Birth 04/08/1994	Race Arab
Date/Time Of Incident 30/09/2018 20:30	Location Of Incident 20 EUNOS CRESCENT EUNOS CRESCENT VIEW SINGAPORE 400020	

Brief details.

On 30 September 2018 at about 830pm, I discovered the lost of my NRIC. I do not know exactly where I have misplaced or lost the item. I am lodging this report for my own record and for replacement purposes.

Property Information

Signature Of Officer Recording The Report:

G / Sr Staff Sgt MUHAMMAD OSMAN BIN OMAR

Signature Of Informant:

Date/Time:
06/10/2018 14:48

Signature Of Interpreter:
Not applicable

Classification Of Case:

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP JAGANESON S/O JAYAGOPALAN
Contact No.: 62447200

Authentication Stamp



FUPO hotline number: 68429645

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



G/20181006/2063

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20181006/2063

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAP ORE NRIC			1		ONE PINK NRIC BELONGING TO MOHAMAD HAIDER BIN HASSAN (NRIC NO S9427371D)

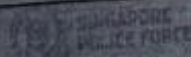
Signature Of Officer Recording The Report:

G / Sr Staff Sgt MUHAMMAD OSMAN BIN OMAR

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP JAGANESON S/O JAYAGOPALAN
Contact No.: 62447200

Authentication Stamp



Signature Of Informant:

Date/Time:
06/10/2018 14:48

Classification Of Case:

FUPO hotline number: 68429645

Sketch Plan #5



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



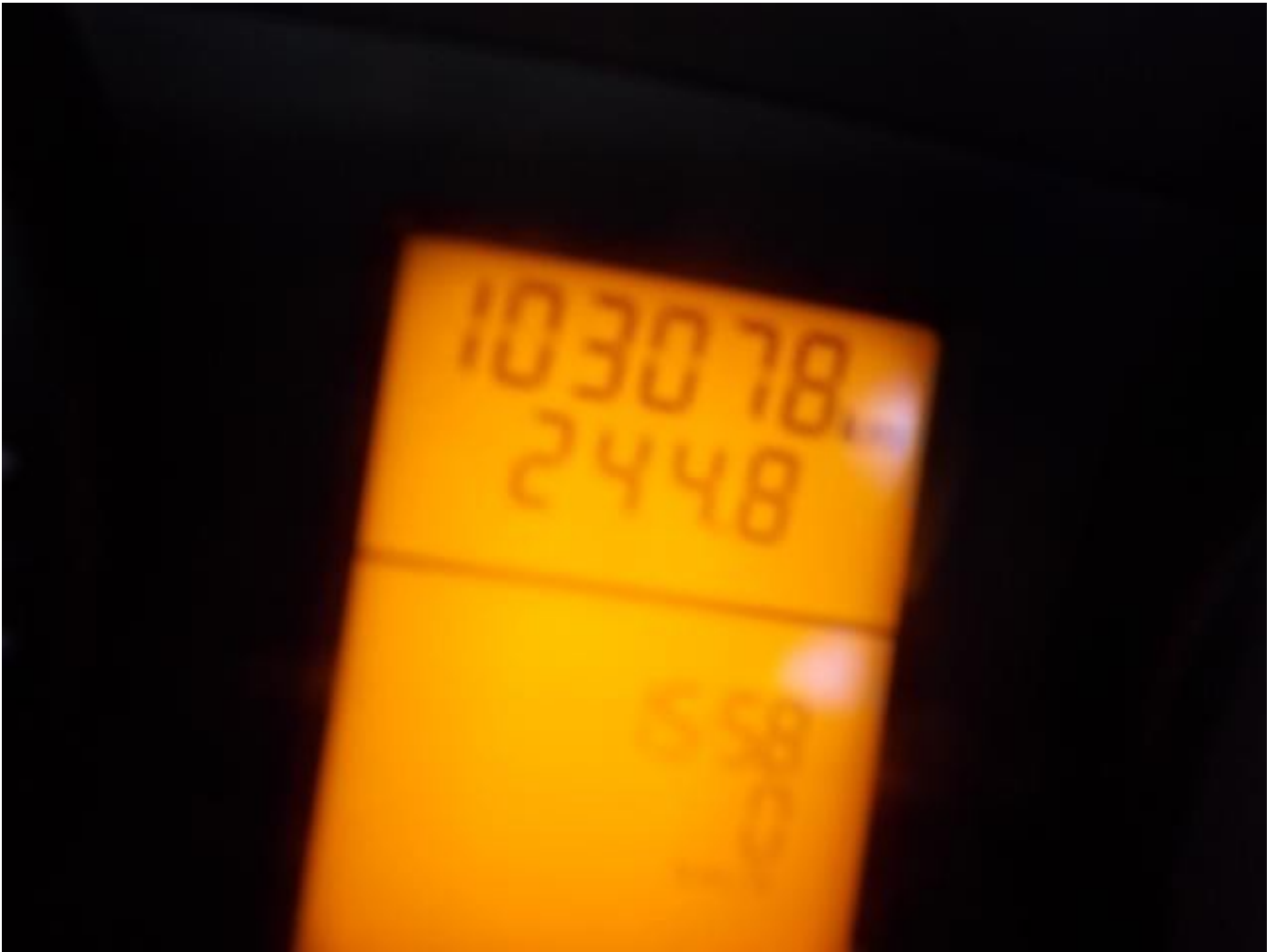
Accident Photo



Accident Photo



Accident Photo



Accident Photo

