

**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	17/05/2019 16:39
Date Of Accident	16/05/2019 18:00
Exact Location Of Accident	TUAS WEST ROAD ALONG TO AYE
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	GBE9495X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TNL CONSTRUCTION PTE LTD
Co Reg No	200609294N
Email Address	CLIFFORDTAN@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62689951

**Vehicle Particulars**

Manufacturer	NISSAN
Model	NV200-1.6 DX (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

**Insurance Company**

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28950400MKC
Cover Note Number	

**Driver**

Name of Driver	GOPALA BALA MURUGAN
NRIC No	S7667612G
Date Of Birth	31/07/1976
Occupation	INDOOR
Date Of Driving Pass	27/10/2003
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81806709
Fax Number	
Contact Number	
Email Address	GNBALA@YAHOO.COM

BLK 441 #12-454 FAJAR ROAD

Address 670441  
 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 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) 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

PLEASE REFER TO THE SKETCH PLAN.

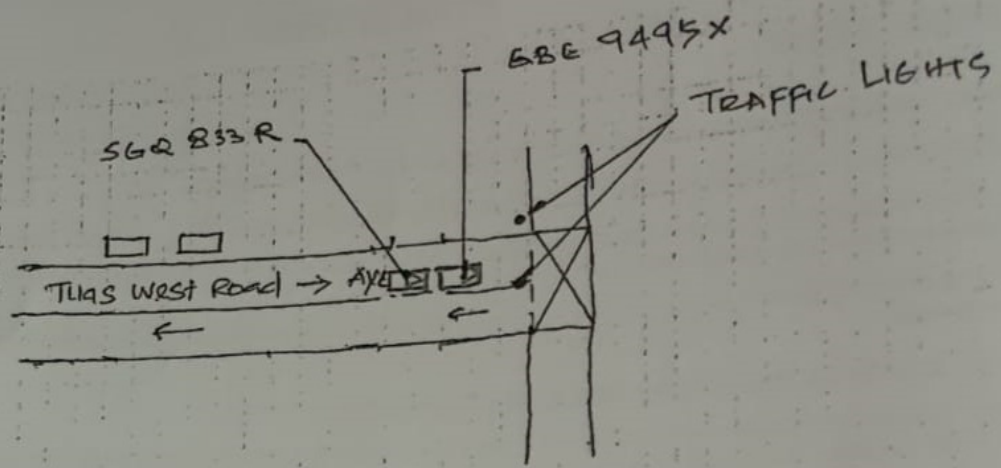
### Attachment(s)

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 SGQ833R  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16 May 2019 at about 1800 HRS, I stopped at the traffic junction between THAS WEST ROAD and AYE. There were about 5 vehicles in front of me to the junction. Waiting for the traffic light to turn green.

Suddenly I felt a crash at the rear of my vehicle. I alighted from my vehicle and realised Veh. No. SGQ 833R, a black MAZDA, had crashed onto my rear.

The driver also alighted from his vehicle, apologised and indicated to claim his insurance company.

We exchanged particulars, took photographs of the vehicle and parted

## DECLARATION

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



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

Reporting Centre Personnel's Signature  
Name: