

## 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	04/06/2019 10:52
Date Of Accident	03/06/2019 09:00
Exact Location Of Accident	JURONG TOWN HALL RD TWDS TEBAN GARDEN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3815X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SML ENGINEERING & HARDWARE TRADING
Co Reg No	B53064696W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92425851

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	A 28835130 MKC
Cover Note Number	

### Driver

Name of Driver	KANTHASAMY MANIKANDAN
Passport No/FIN	G7578071R
Date Of Birth	10/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92425851
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	5 SUNGEI KADUT WAY
Postcode	728781
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : ONG SHEN HUI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	<b>ROAD:</b> 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190603/2089

#### 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	SLP1273X
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)

## Accident 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.



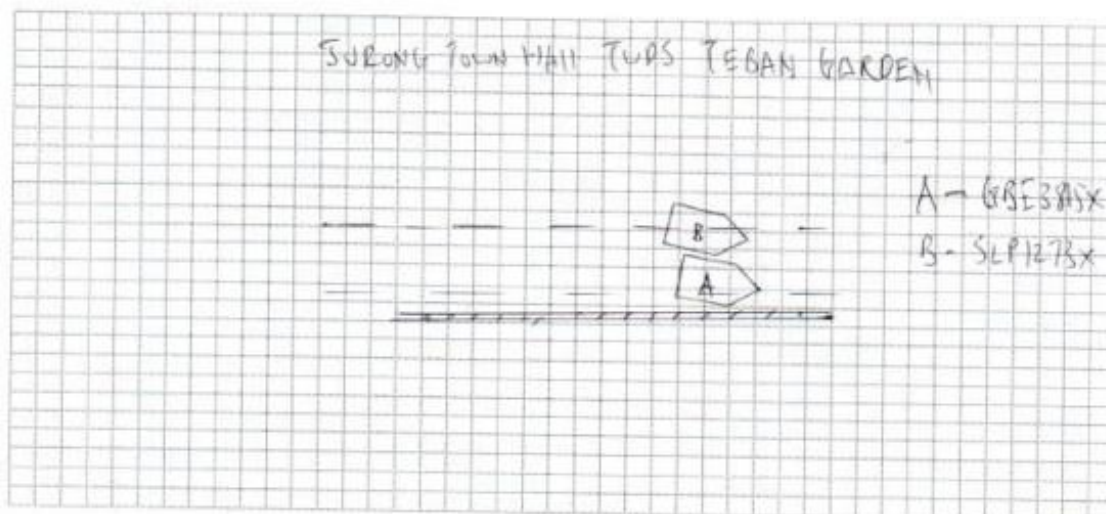
Policyholder's Signature  
Date & Time:

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

*[Signature]* 04/06/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG JURONG TOWN HALL TOWARDS TEBAN GARDEN. VEHICLE B OUT OF THE BLUE HIT ONTO MY LEFT PORTION. THE IMPACT WAS TOO HUGE THAT IT FORCE MY CAR GO UP THE KERB AND HIT ON TO THE DIVIDER.

## DECLARATION

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



Policyholder's Signature  
Date & Time:



6. mai '22

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

dyer 04/06/19

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

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190603/2089

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

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Report No. T/20190603/2089

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KANTHASAMY MANIKANDAN	ID No.	G7578071R
Related Vehicle	GBE3815X (Van)	Contact No.	92425851
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 03/06/2019 at about 0900hrs, I was driving my vehicle GBE3815X with one passenger along Jurong Town Hall Road towards Tebah Gardens Road on the right most lane on a three lane road. All of a sudden, vehicle SLP1273X side swiped my vehicle from my left side and the impact caused my vehicle to hit onto the road divider, damaging the road barrier. No one was injured at that time. We decided to go for insurance settlement and I will lodge a police report as it involved government property.



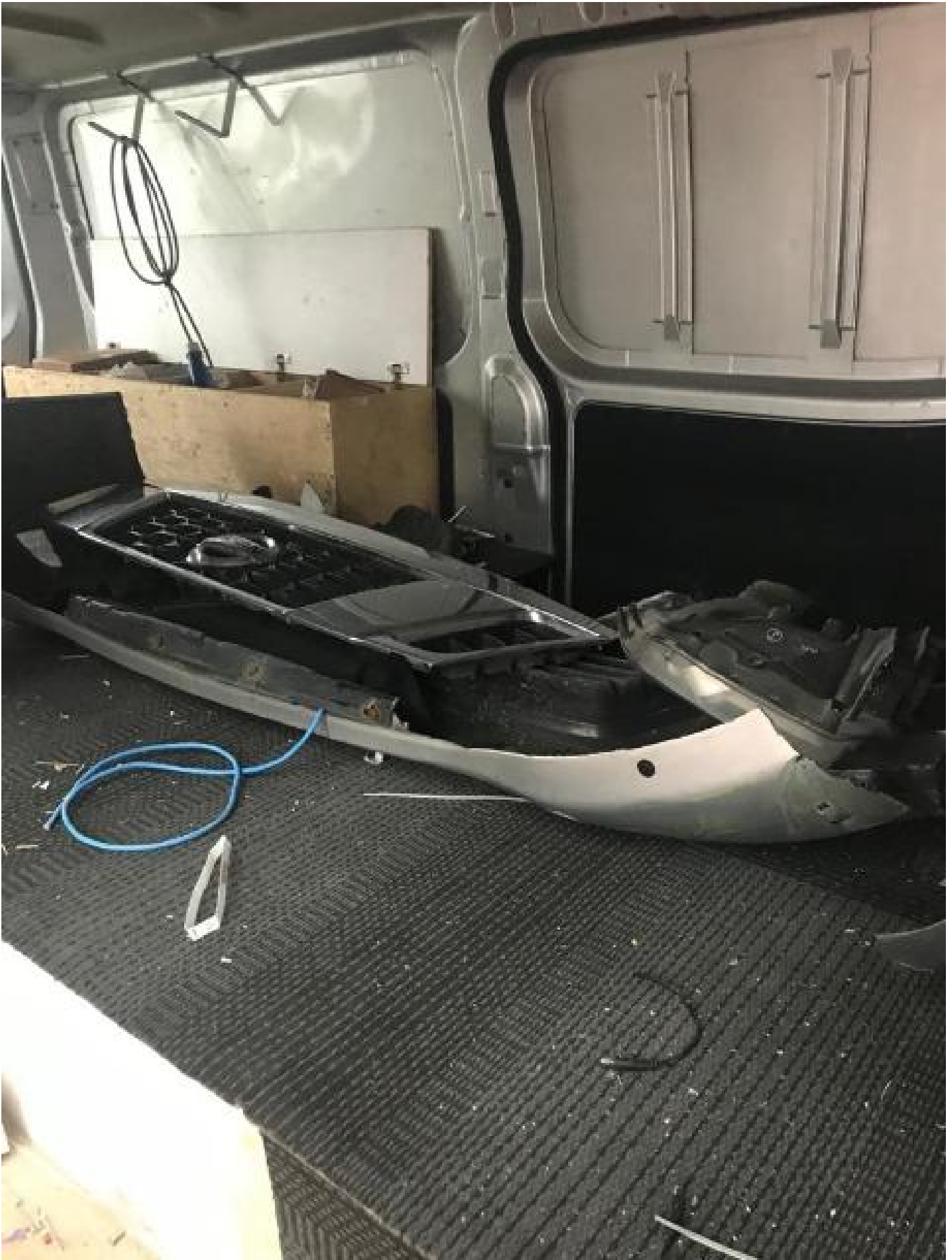
A close-up photograph of the front left corner of a silver car. The car's body is covered in water droplets. There is significant damage to the front left bumper and headlight area. The bumper is partially detached and crumpled. A black license plate is visible with white text. The text on the license plate includes 'GRL 50-3052780-2', 'S. SANGEI KADOTI', '5700780', 'CO-165 NO. 1', '50-30443580', and 'AL-10'. The car is parked on a light-colored surface.

Accident Photo





Accident Photo



Accident Photo



CHASSIS NO: JN1MC2E26Z0005318  
U.L.W : 1800 KGS  
M.L.W : 3300 KGS  
P. CAP : F: 1 DRIVER, 2 OTHERS  
R: 00  
TYRE SIZE : F: 195 x 15R 8PLY  
R: 195 x 15R 8PLY(S)

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190603/2089

Police Station Of Origin:  
Eunos NPP  
829 Bedok Reservoir Road #01-1820  
SINGAPORE 470628  
Tel No: 1800-4438999

1 of 3

Report No. T/20190603/2089

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2019 13:47		Vide Report No.:		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: KANTHASAMY MANIKANDAN			Address: 31K CAMBRIDGE ROAD JOOL SUITES SINGAPORE 219721		
ID Type / ID No.: FIN NO / G7578071R			Contact No.: Home/Office: Mobile: 92425851		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 10/06/1977	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SITE SUPERVISOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 03/06/2019 09:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG TOWN HALL ROAD TEBAN GARDENS ROAD ALONG JURONG TOWN HALL ROAD TOWARDS TEBA GARDENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3815X	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	Seriously Damaged	1
SLP1273X	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Silver	Slightly Damaged	0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190603/2089

Police Station Of Origin:  
Eurois NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470829  
Tel No: 1800-4439999

2 of 3

Report No: T/20190603/2089

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KANTHASAMY MANIKANDAN	ID No.	G7578071R
Related Vehicle	GBE3815X (Van)	Contact No.	92425851
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

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Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Eunos NPP  
628 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4438999



T/20190603/2089

3 of 3

Report No. T/20190603/2089

CONTINUATION OF REPORT

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 65474685 stating the report number as reference

Signature Of Officer Recording The Report:

G /

Sgt 2 KOH WEN RUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Authentication Stamp

NP162

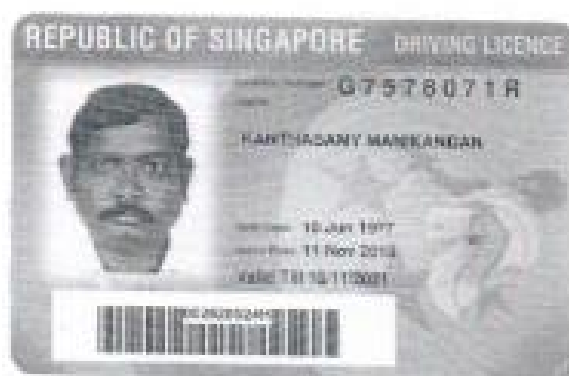
Signature Of Informant:

Date/Time:

03/06/2019 13:47

Classification Of Case:

### Identification Card


$$c_2/c_1/c_0$$