

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	01/07/2019 13:12
Date Of Accident	28/06/2019 09:40
Exact Location Of Accident	PIE SLIP RD INTO EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG18P
Insured/Policyholder	
Name Of Registered Owner	COMNET DIGITAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93668000
Alternative Phone No	OFFICE-93668000

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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 29089992 MKC
Cover Note Number	

Driver

Name of Driver	SELVARAJ ENBASEKARAN
Passport No/FIN	G7370461N
Date Of Birth	11/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90410011
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	152 SIMS DRIVE #07-00
Postcode	387381
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

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	GY4452M
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SARAVANAN POONGAVANAN
NRIC/Passport Number	G2164269Q
Contact Number	84098248
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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7. 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:
 - (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: 1/7/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1/7/2019

Reporting Centre Personnel's Signature

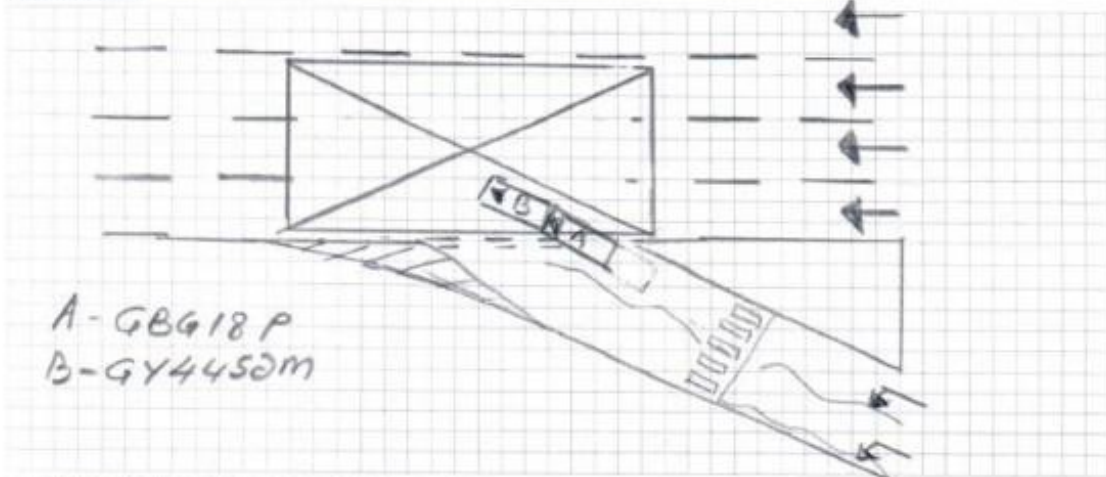
Name:

NRIC/FIN No.:

Accident Sketch Plan

DIE SLIP RD INTO EUNOS LINK

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

DECLARATION

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

*



Policyholder's Signature

Date & Time: 1/7/2019

Eunadoren 1

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

Date & Time:

1/7/2019

shyr 01/07/19

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Individual Statement

On 26 June 2019 at 0940Hrs, I was driving Nissan Van (License plate number GBG18P) exiting PIE (towards Changi) exit 9 in the direction towards Hougang.

I was on the right lane of the filter road after a zebra crossing and stopped behind a lorry (License plate number GY4452M) at the GIVE WAY sign as there were traffic on the main road.

When traffic was clear on Eunos Link main road, GY4452M moved out onto the main road, I followed suit and moved off my vehicle onto the main road while making sure no oncoming vehicles from my right. As I was filtering onto Eunos Link from the exit, I was looking both front and right to ensure no oncoming vehicles on Eunos Link. However, GY4452M stopped unexpectedly and abruptly within the "yellow box" even though the traffic was clear. I could not stop my van in time and bumped into his rear.

There was only minor visible damage to one of the lorry's tail lamps and reverse camera on the right side as the impact was apparently only at the level of our van number plate level. The main damage on our van is minor damage on the bumper and a broken number plate. I reckon I was travelling at a speed of no more than 15Km/h since I just moved off from a stationery position. Attached are some pictures taken at the scene and also the damage on both the lorry and our van.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



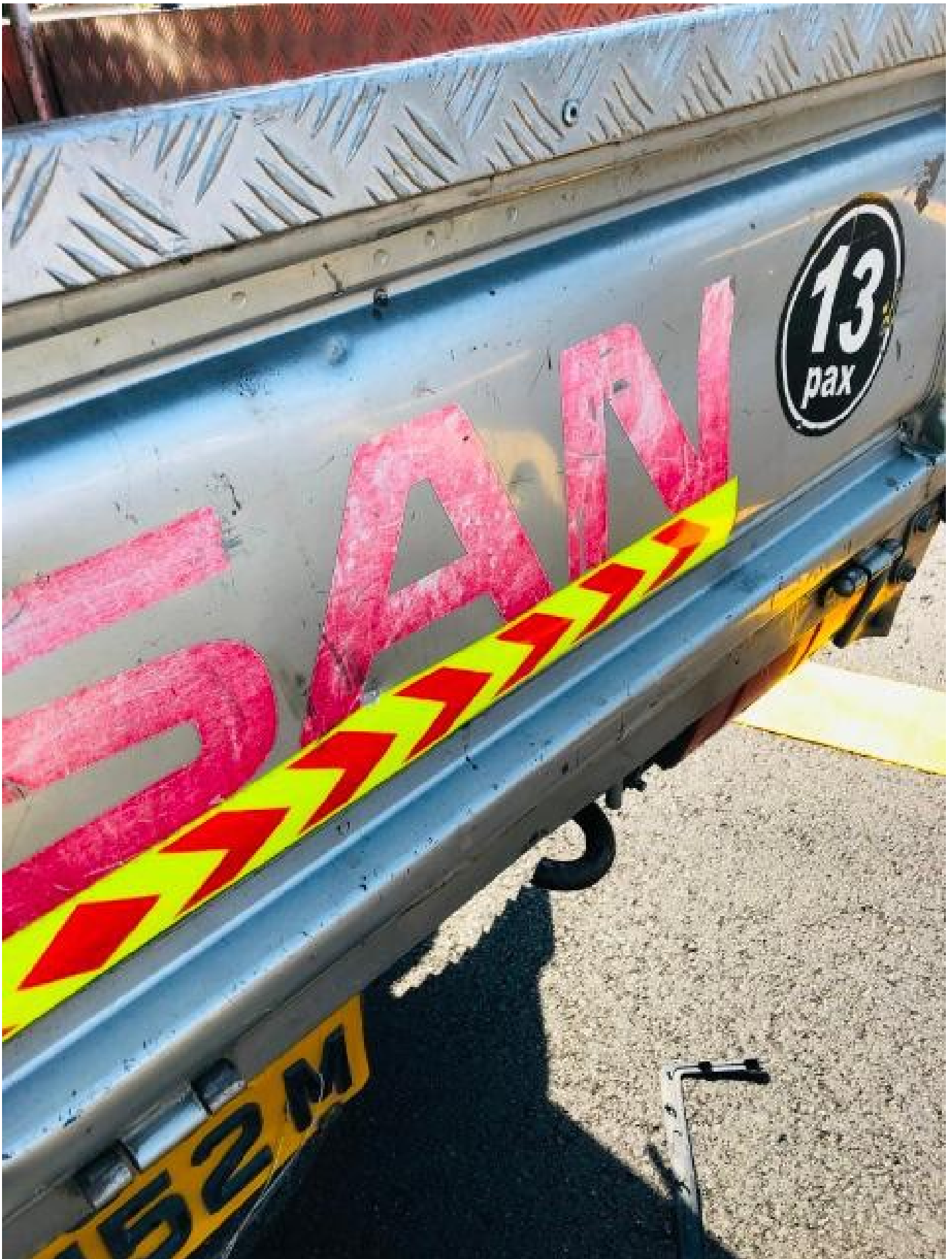
Accident Photo



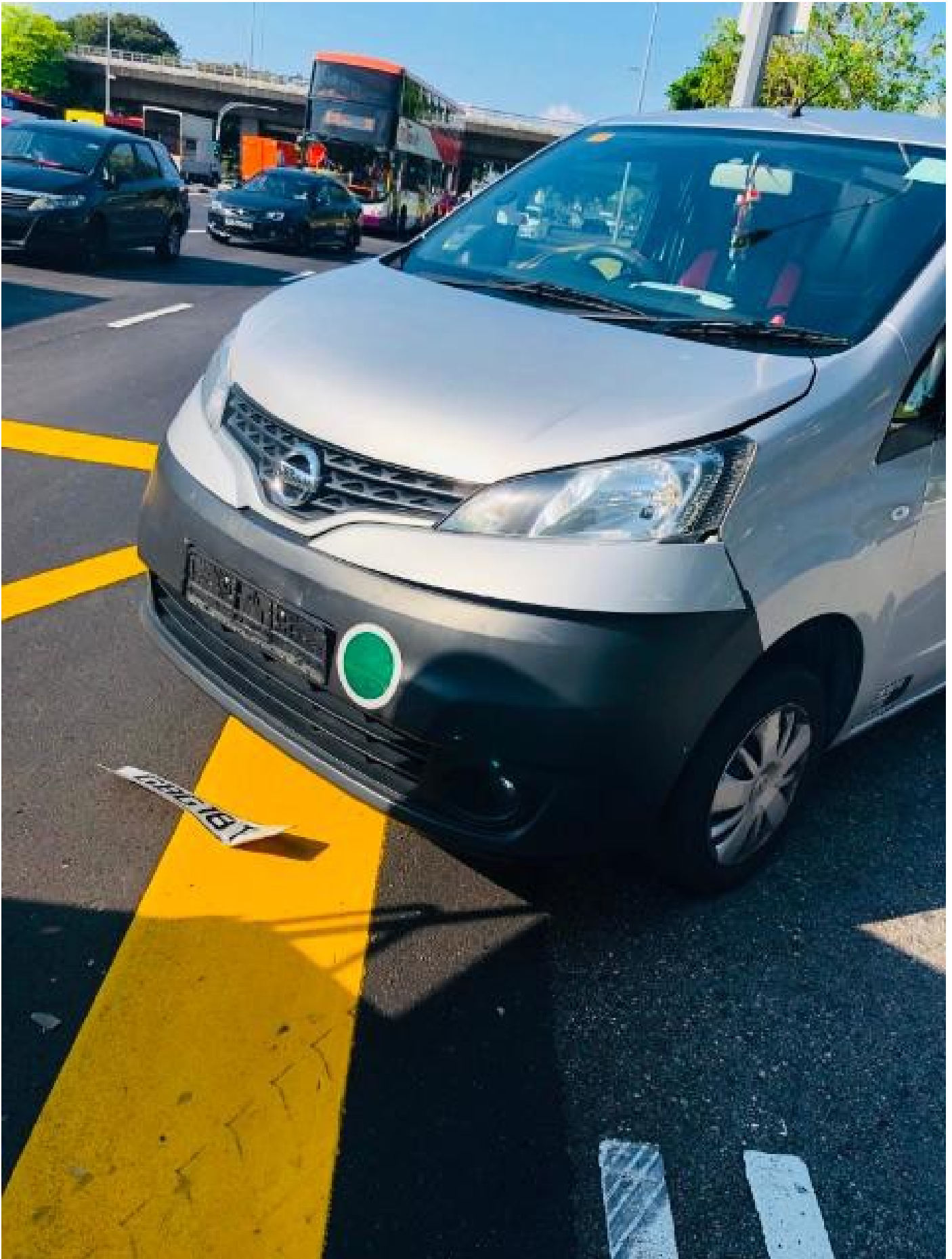
Accident Photo



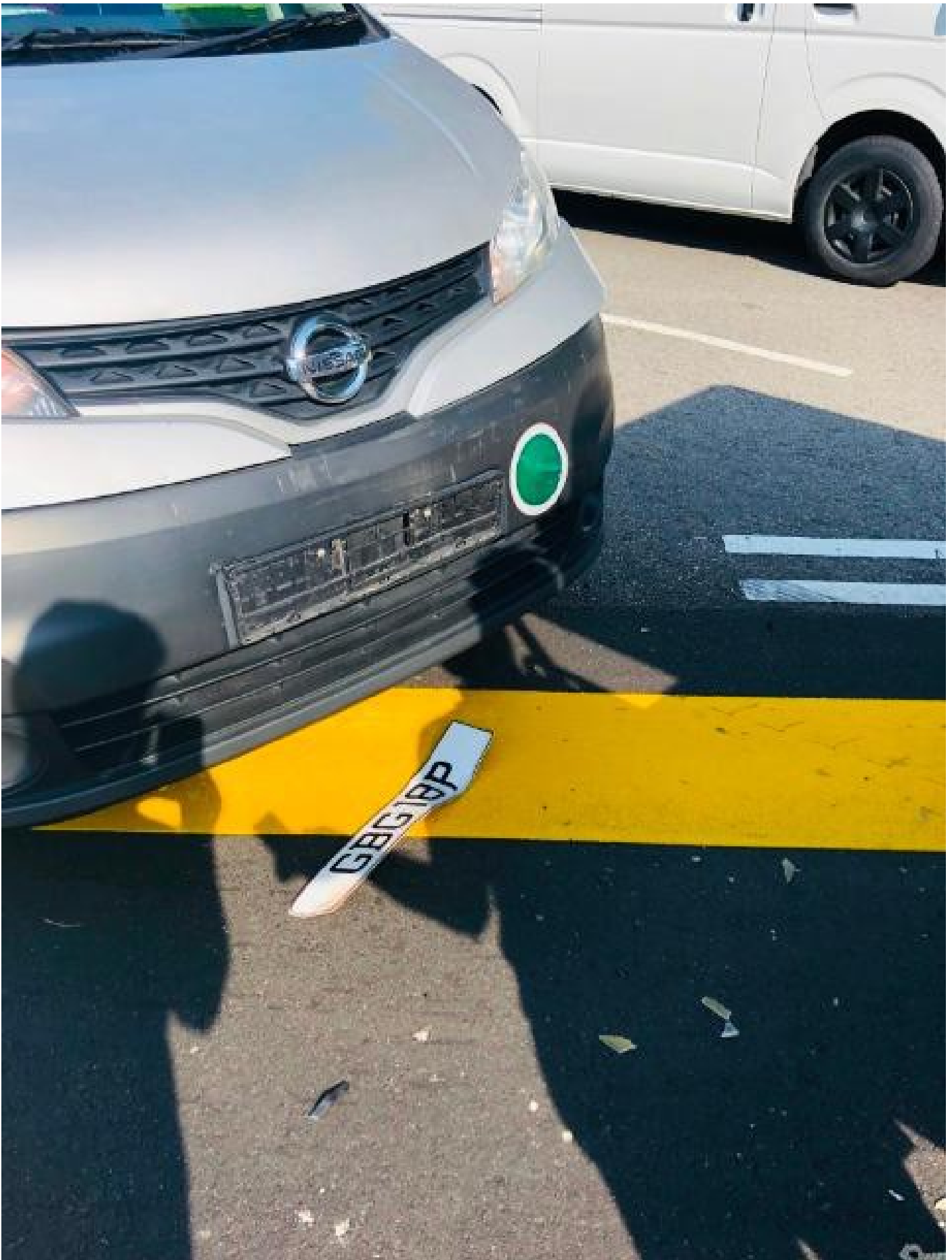
Accident Photo



Accident Photo

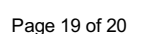


Accident Photo



Accident Photo





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S6650020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119085168 Vehicle Registration No: GBG18A
Name(as shown in NRIC) : SELVARAJ ENBASEKARAN NRIC/FIN/Passport No : G7370461N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 152 SIMS DRIVE #07-00 Singapore(387381)
Contact (Tel) : _____ Mobile No. : 90410011
Email Address : _____
Date of Accident : 26/06/19 Time of Accident : 09:40
Place of Accident : P1E SLIP RD INTO EUNOS LINK
Insurance Company : MSIL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND DATE OF ACCIDENT



Enbasekaran
Policyholder / Driver's Signature

4/7/2019
Date

2/7/19 04/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: