

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	19/07/2019 17:06
Date Of Accident	18/07/2019 10:15
Exact Location Of Accident	DUNLOP ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5230L
Insured/Policyholder	
Name Of Registered Owner	KARTHIKESHAVAN S/O GOVINDAN
NRIC No	S7621261I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92384943
Alternative Phone No	OFFICE-92384943

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	A 28921534 QMX
Cover Note Number	-

Driver

Name of Driver	KARTHIKESHAVAN S/O GOVINDAN
NRIC No	S7621261I
Date Of Birth	21/07/1976
Occupation	INDOOR
Date Of Driving Pass	25/10/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92384943
Fax Number	
Contact Number	OFFICE-92384943
Email Address	NOEMAIL

Address	359B ADMIRALTY DRIVE #10-02
Postcode	752359
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

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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: : UNKNOWN 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

I WAS GOING STRAIGHT ALONG DUNLOP STREET, SUDDENLY VEH B MOVING OUT FROM THE PARALLEL PARKING LOT WITHOUT CHECKING ONCOMING TRAFFIC, AS THE RESULT, HIS VEH LEFT FRONT HIT ONTO MY VEH REAR RIGHT HAND PASSENGER DOOR SIDE.

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	SKW6137Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHIN KIONG
NRIC/Passport Number	S7715521Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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. 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.
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:

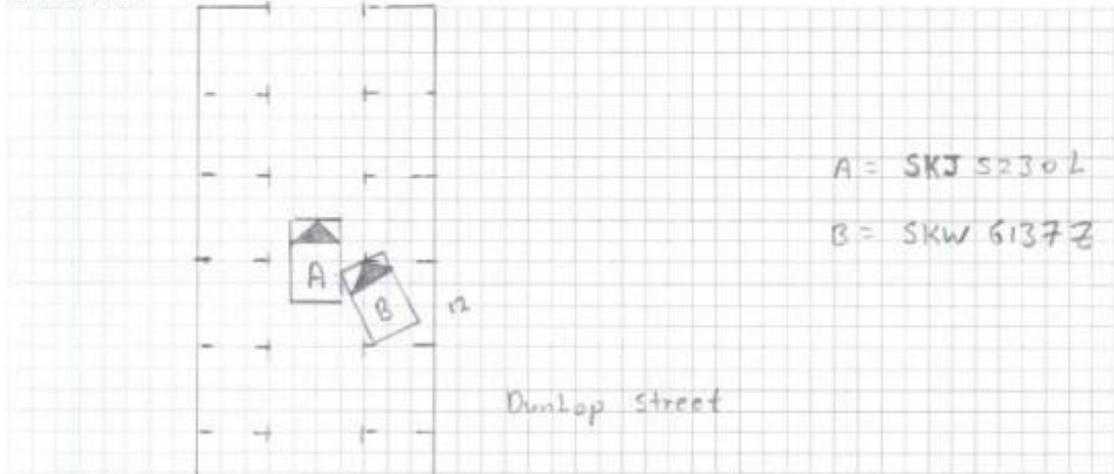
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

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.:

Parking at lot 12 &
Brick fall down on my car
& I move my car out to ~~hit~~ hit
car SKJ 52301

Tan Chin Kwong

~~CS~~ 18/7/19

DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: **S76212611**

Name: **KARTHIKESHAVAN S/O GOVINDAN**

Birth Date: **21 Jul 1976**
Issue Date: **25 Oct 2018**

002861377



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S76212611**



Name: **KARTHIKESHAVAN S/O GOVINDAN**

Race: **INDIAN**

Date of birth: **21-07-1976**

Country/Place of birth: **SINGAPORE**

Sex: **M**



For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles of 200 CC	19 Dec 2018
Class 3	Motor cars of 2000 kg with not more than 7 passengers, exclusive of the driver, and motor tractors of 2500 kg	25 Oct 2018

S / No. **500287237**

876212611

Licence No: **S76212611**



NP 420A

5842477



NRIC No. **S76212611**



Date of issue: **22-12-2017**

Address: **359B ADMIRALTY DRIVE
#10-02
SINGAPORE 752359**

For LKK/NAC Use Only



+65 9750 9759 >

Text Message
Yesterday 9:42 AM

Skw6137z

I hit your car

Can giv me a call back? If u go over our workshop n do the repair, let my workshop assess how much the cost of repair?

Ah lim motor
10 ang mo kio industrial park
2a,
#01-09

Poatal code 568047

I goin over there now.

Will meet you there



Text Message





+65 9750 9759 >

I'm at the workshop. You jus
com over and find me here

He will repair rim, car door,
door lower bumper. You will
drive your car over and look for
simon, he will do the repair for
you

They specialise in repair and
the one at sim ming is also part
of his company.

Or if you don't like my
workshop, i can just give you
\$500.00 and you can get it
repair or not outside. We just
close the case.

Yesterday 5:11 PM

Busy with work today, i'm still
interested to settle this



Text Message





+65 9750 9759 >

the one at sim ming is also part of his company.

Or if you don't like my workshop, i can just give you \$500.00 and you can get it repair or not outside. We just close the case.

Yesterday 5:11 PM

Busy with work today, i'm still interested to settle this accident without going through insurance. I just check my Aviva insurance and the NCD will be deduct 10% for 1st claim. I can settle this case around \$650.00 max. If really anythg mor than that, I guess it's better to just claim insurance.



Text Message



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

