### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT		
Date Of Report	31/08/2019 15:43		
Date Of Accident	29/08/2019 20:10		
Exact Location Of Accident	TANJONG PAGAR RD - AMARA HOTEL PICK UP POINT		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	PC8063K		
Insured/Policyholder			
Name Of Registered Owner	MARITEAM TRANSPORT SERVICES PTE LTD		
Co Reg No	200402055D		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-86458581		
Alternative Phone No	OFFICE-86458581		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	HIACE		
Exact Purpose for which vehicle was being used at time of accident	WORK 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	B29122534MKC		
Cover Note Number			
Driver			
Name of Driver	MOHAMMAD RAZIE BIN ADII		

Name of Driver MOHAMMAD RAZIF BIN ADIL

NRIC No S8617759E

Date Of Birth 04/07/1986

Occupation OUTDOOR

Date Of Driving Pass 08/07/2010

Driving Experience 9 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86458581

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 873 WOODLANDS ST 81 #01-258

Postcode 730873

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

**Details of Witness 1** 

Name MR ALI - AMARA HOTEL SECURITY

Phone Number 91653244

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMH6431D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan

### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 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/ere 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:
  - 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 ciaims.(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:
  - 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:

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

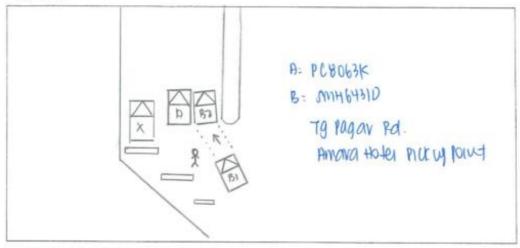
Date & Time:

Regarding Centre Personnel's Signature

NRIC/FIN No.:

SMMY Beschristister vit

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making my lavourg toward the wach bay with the quidance of the total security being a traffic marshal.

When relice B awar into the pickup point, the security guard signalled awar B to etup towerer, awar b still provided and squeezed in my want side. But that point, I thought my relicle whom shortly after, I tell the impact of my driver abor area.

I have a without who saw the whole accident

Name: Mr Ali (Amain Hole) security)

If p: 9165-3244

DECLARATION

olicyholder's Signature

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

Oriver's Signature (If drivers not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:







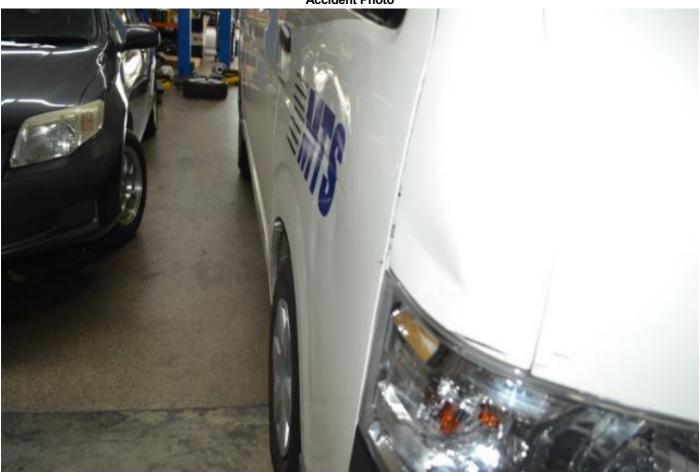












### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Farfies Quay #18 GO Singapore 048580 Tel (65) 6224 C010 Fay (65) 6224 0030 Operating Hours - Monday to Friday, 09 00 – 17 00 UEN 56655020G / GST Reg. No.: NA00017735

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

			ADDEN	MUC			
(A)	PARTICULARS OF PE	RSONMAKINGT	HEAMENDMEN	TS:			
	Original Report No :	MYT2191152	50	Vehicle Registra	tion No:	PC8063K	
	Name(as shown in NRIC) :	Maritan Ti	ianspoA slvola	NRIC/FIN/Passp	ort No :	200 40 2055 D	
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address :	1008 Pasin P	anjang Road	#03-05		Singapore(   185%)	
	Contact (Tel)	6272-2144 Mobile No.: 86458581					
	Email Address :						
	Date of Accident :	30.8.19		Time of Accident	25	10	
	Place of Accident :	Tanjong Pag	al Pd. Am	ara total prok		ind	
	Insurance Company:	Mille I	NEUTANCE (S)				
	We would rish	e to ame	120	active as	29.8.	19 Invlead of	
	Policyholder / Driver /	Signature	SSTUDIO STUDIO S	Reporting der	A partie Person	onnel's Signature	
	14.09.19			Date: (1)	Branch Street	019	