Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/10/2019 18:16

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 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.

ACCIDENT STATEMENT

Date Of Report	11/10/2019 17:35
Date Of Accident	01/09/2018 20:20
Exact Location Of Accident	JALAN LINGKARAN DALAM IN MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7488G

Insured/Policyholder

Name Of Registered Owner	ROSSY BIN MANSJUR DAENG PASULUNG
NRIC No	S8223087D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90922379
Alternative Phone No	OTHERS-90922379

Vehicle Particulars

Manufacturer	HONDA
Model	ODDYSEY
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	REPORTING ONLY
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 80435696 QMX
Cover Note Number	

Driver

Name of Driver	ROSSY BIN MANSJUR DAENG PASULUNG
NRIC No	S8223087D
Date Of Birth	02/08/1982
Occupation	INDOOR
Date Of Driving Pass	07/03/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90922379
Fax Number	
Contact Number	OTHERS-90922379
EMail Address	NOEMAIL

Address	BK 355 TAMPINES ST 33 #08-632
Postcode	520355
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNU5330 (MOTORCYCLE)
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: : SITI MARINA BTE ZAINAL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLOCE REPORT.T/20191011/2048

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	JNU5330
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LAU CHIT HAN
NRIC/Passport Number	810503-07-5085

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

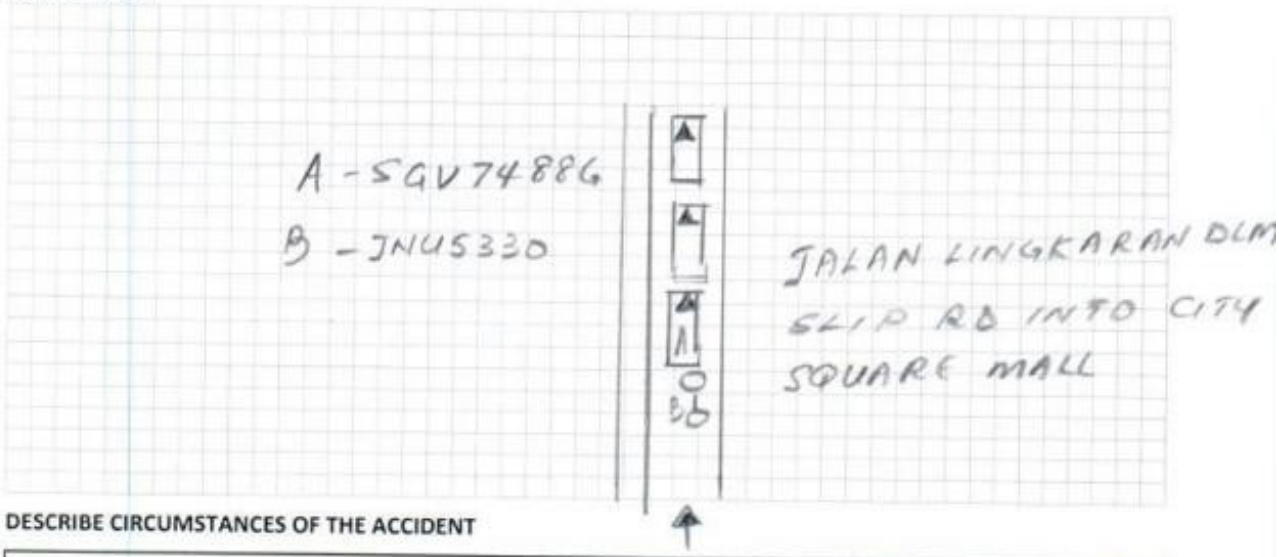
Policyholder's Signature
Date & Time: 11 OCT 2019

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

PLS REFER TO THE POLICE RFEPORT:T/20191011/2048

DECLARATION

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

Policyholder's Signature
Date & Time: 11 OCT 2019

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

11/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20191011/2048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE TIME AND PLACE

I STOPPED WHEN THE OTHER CARS IN FRONT OF ME STOPPED SINCE THE TRAFFIC LIGHT WAS RED. MY CAR WAS STATIONARY WHEN A MOTORCYCLE SUDDENLY BANG INTO THE REAR OF MY CAR ON MY RIGHT. I HAVE ALREADY MADE A POLICE REPORT IN MALAYSIA AND HAVE THE IDENTITY NUMBER OF THE MALAYSIAN DRIVER. THAT IS ALL.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

SINGAPORE POLICE FORCE

T/2019101112048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

Report No. T/2019101112048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/10/2019 12:27		

Informant's Particulars

Name of Informant: ROSSY BIN MANSJUR DAENG PASULUNG			Address: 355 TAMPINES STREET 33 #08-632 SINGAPORE 520355	
ID Type / ID No.: NRIC NO / S8223087D			Contact No.: Home/Office:	Mobile: 90922379
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 02/08/1982	Type of Informant: Driver	
Race: Bugis			Language:	Institution / School Name:
Occupation: Manufacturing engineering technician (general)			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2018 20:20	Type of Location:
Location: Woodlands Crossing JALAN LINGKARAN DALAM IN MALAYSIA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNU5330						0
SGV7488G	Car	HONDA	ODYSSEY 2.4 A	Silver	Slightly Damaged	1

SINGAPORE POLICE FORCE

T/20191011/2048

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.
ON THE STATED DATE TIME AND PLACE

I STOPPED WHEN THE OTHER CARS IN FRONT OF ME STOPPED SINCE THE TRAFFIC LIGHT WAS RED. MY CAR WAS STATIONARY WHEN A MOTORCYCLE SUDDENLY BANG INTO THE REAR OF MY CAR ON MY RIGHT. I HAVE ALREADY MADE A POLICE REPORT IN MALAYSIA AND HAVE THE IDENTITY NUMBER OF THE MALAYSIAN DRIVER. THAT IS ALL.

SINGAPORE POLICE FORCE

T/20191011/2046

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / LIM CHIN KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2019 12:27
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 93285045	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

Police Report

POL.316

POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu	: ROSSY BIN MANSJUR DAENG PASULUNG
No Kad Pengenalan / Paspot	: E5/005504
No Repot Polis	: TRAFIK JOHOR BAHRU(S)/021093/18
Tarikh @ Masa Repot Polis	: 01/09/2018 @ 20:28
Pengesahan Penerimaan Repot	:

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat	: (R10004[illegible]) SIN MOHD YUSOFF BIN ADDN
Tempat Tugas	: JOHOR BAHRU SELATAN
No Telefon Pejabat	: No Telefon Bimbit : 013-9829871
Tarikh @ masa Perjumpaan	: .....
Pengesahan Penerimaan Repot	: MOHD YUSOFF b [illegible] Pen Pegawai Penyiasat Balai Polis Trafik (PPD Johor Bahru(S))

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... No Badan ..... Pangkat : .....

Tarikh @ Masa Gambar Diambil : .....

Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen [Berkat Kepada Pengadu :

1. Salinan Repot Polis ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

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: S66SS0020G / 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 : MNA1191135167 Vehicle Registration No: SGV7488G

Name(as shown in NRIC) : ROSSY BIN MANSUR DAENG PASULUNG NRIC/FIN/Passport No : S8222087D

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 355 FAMPINES ST 33 #08-632 Singapore(520355)

Contact (Tel) : Mobile No. : 90922379

Email Address :

Date of Accident : 01/09/2019 Time of Accident : 2020

Place of Accident : JLN LINGKARAN DALAM IN MALAYSIA

Insurance Company : MSIG

(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 YEAR OF ACCIDENT

Policyholder / Driver's Signature
Date:

11/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC addendumform_V3