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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number EMail Address

- 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.
- Any false reporting may be referred to the Police for investigation.
- 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	31/10/2019 11:50
Date Of Accident	30/10/2019 14:00
Exact Location Of Accident	JLN JINTAN TURNING TO NUTMEG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFZ1607K
Insured/Policyholder	
Name Of Registered Owner	KIRTIKUMAR MANCHHARAM
NRIC No	S1138933C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96177163
Alternative Phone No	OFFICE-96177163
Vehicle Particulars	
Manufacturer	BMW
Model	6401
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	B 27735499 SMP
Cover Note Number	
Driver	
Name of Driver	KIRTIKUMAR MANCHHARAM
NRIC No	S1138933C
Date Of Birth	16/07/1947
Occupation	INDOOR
Date Of Driving Pass	02/05/1995
Driving Experience	24 YEARS AND 5 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96177163

OFFICE-96177163

Address

21 JERVOIS RD #08-02

Postcode

249004

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?

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver) **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

NO

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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

SHC6875S

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.

Ha

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

Date & Time:

on behalf of

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyholder's Signature

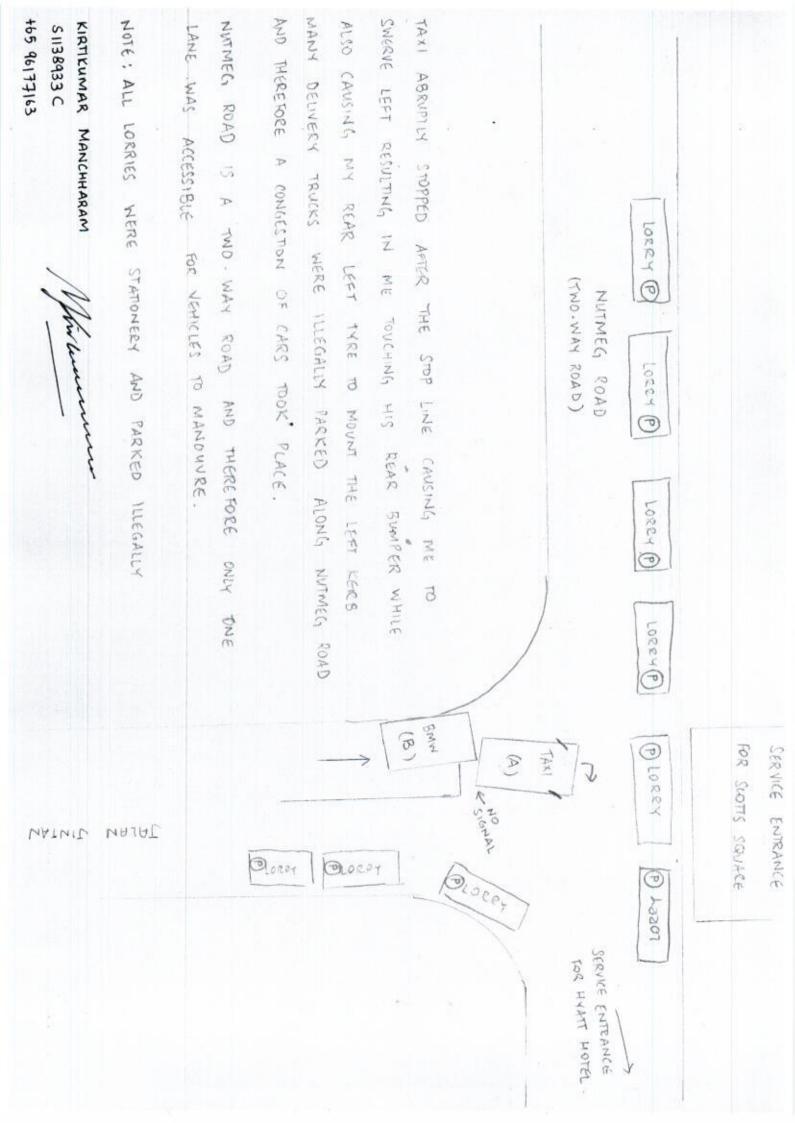
Date & Time:

SKETCH PLAN	
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	Sketch
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT
Refer	to Statement
DECLARATION	
/We declare the foregoing part	iculars are true in every respect.
	2
	pm
Policyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Name:

Date & Time:

on behalf of KIRTIKUMAR MANCHHARAM

NRIC/FIN No.:





MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

SIME MOTOR PRIVATE

RENEWAL CERTIFICATE

Policy Number Period of Insurance		Place of Issue	
B 27735499 SMP	26/0	6/2019 to 25/06/2020	SINGAPORE
Name and Address of Insured			Date of Issue
Kirtikumar Manchharam c/o 77			25/06/2019
High Street #02-11			Account Number
High Street Plaza Singapore 179433		212165	
Premium	GST		Total Due
SGD2,990.84	SGD209.36		SGD3,200.20

RISK NUMBER 1

SIME MOTOR PRIVATE

OCCUPATION

Director

FINANCIAL INTEREST

United Overseas Bank Limited as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

MAKE/MODEL

ENGINE NUMBER

REGISTRATION NO. SFZ1607K

BMW 6401 Gran Counc Monart 3 0

BMW 640I Gran Coupe MSport 3.0 INCL. COE/PARF 05748603N55B30A OFF-PEAK CAR

CHASSIS NUMBER WBA6A02040DZ11992

YEAR OF MFG 2013

CAPACITY 2979 C.C.

SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

OFF-PEAK CAR NO

NO CLAIM DISCOUNT 50.00% (or F/D)

YES

MARKET VALUE

GOOD DRIVER'S DISCOUNT

SUM INSURED

NCD PROTECTOR COVERED

EXCESS SGD1,500
ANNUAL PREMIUM SGD2,990.84

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Ashish Manchharam, Nikhil Manchharam, Kailash Manchharam

SACM201906251736 SMP21804