

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	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	640i
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
Gender	MALE
Mobile Number	(LOCAL) +65-96177163
Fax Number	
Contact Number	OFFICE-96177163
EEmail Address	NOEMAIL

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?	
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

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	
Vehicle Category	TAXI
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.
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:

on behalf of
KIRTIKUMAR MANCHHARAM

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

SKETCH PLAN

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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:

on behalf of
KIRTIKUMAR MANCHHARAM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SERVICE ENTRANCE
FOR SCOTT'S SQUARE

SERVICE ENTRANCE
FOR HYATT HOTEL



NUTMEG ROAD
(TWO-WAY ROAD)

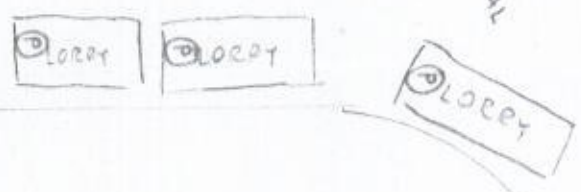
TAXI ABRUPTLY STOPPED AFTER THE STOP LINE CAUSING ME TO
SWERVE LEFT RESULTING IN ME TOUCHING HIS REAR BUMPER WHILE
ALSO CAUSING MY REAR LEFT TYRE TO MOUNT THE LEFT KERB
MANY DELIVERY TRUCKS WERE ILLEGALLY PARKED ALONG NUTMEG ROAD
AND THEREFORE A CONGESTION OF CARS TOOK PLACE.

NUTMEG ROAD IS A TWO-WAY ROAD AND THEREFORE ONLY ONE
LANE WAS ACCESSIBLE FOR VEHICLES TO MANOEUVER.

NOTE: ALL LORRIES WERE STATIONERY AND PARKED ILLEGALLY

KIRTIKUMAR MANCHHARAM
S1138933 C
+65 96173163

Kirti Kumar



JALAN GIZIAN

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

RISK NUMBER 1**SIME MOTOR PRIVATE****OCCUPATION**

Director

FINANCIAL INTERESTUnited Overseas Bank Limited
as Hire Purchase Owners**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

REGISTRATION NO.	SFZ1607K	SUM INSURED	MARKET VALUE
MAKE/MODEL	BMW 640I Gran Coupe MSport 3.0	INCL. COE/PARF	YES
ENGINE NUMBER	05748603N55B30A	OFF-PEAK CAR	NO
CHASSIS NUMBER	WBA6A02040DZ11992	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2013	GOOD DRIVER'S	
CAPACITY	2979 C.C.	DISCOUNT	SGD157.41
SEATING CAPACITY	5 (INCL. DRIVER)	NCD PROTECTOR	COVERED
WINDSCREEN	UNLIMITED	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