#### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/11/2019 10:16
Date Of Accident	26/10/2019 15:20
Exact Location Of Accident	JLN SERANTING
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	WC8249J
Insured/Policyholder	
Name Of Registered Owner	D & E GLOBAL ENTERPRISES P L
Co Reg No	201005602N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ISUZU
Model	CYH52S
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	B29130771MKF
Cover Note Number	
Driver	
Name of Driver	RAMALINGAM PANDIMUTHU
Passport No/FIN	G7486502Q

Passport No/FIN G7486502Q
Date Of Birth 15/04/1979
Occupation OUTDOOR
Date Of Driving Pass 15/01/2019

Driving Experience 0 YEAR AND 9 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84224791

Fax Number

Contact Number OFFICE-84224791

EMail Address NOEMAIL

7 TOH GUAN ROAD EAST Address

#08-14 ALPHA INDUSTRIAL BUILDING

Postcode 608599

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** 

COLLISION - MAJOR/MINOR RD Type Of Accident

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

NO

YES

2

YES

NO

1

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20191026/2162.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC3702C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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.
- 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.
- 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 the [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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

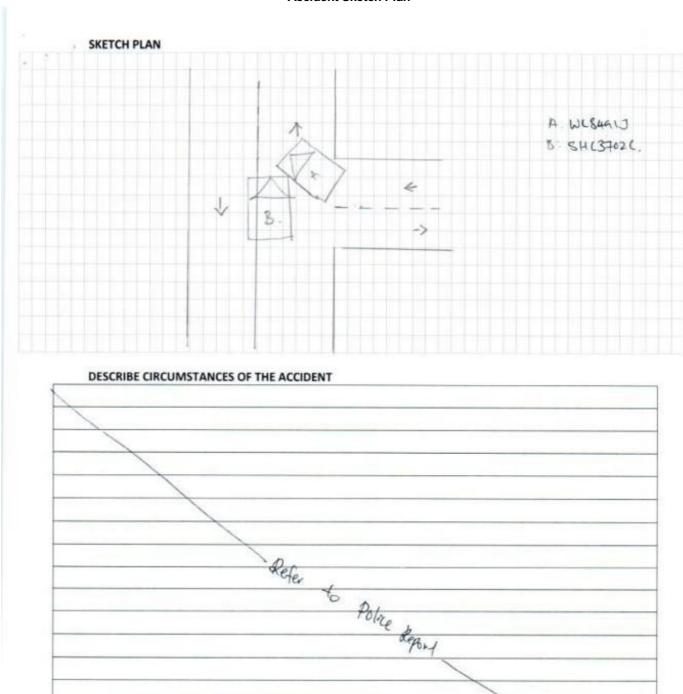
Policy holder's signature Date / time:

19/11/2019 2pm

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature
Date / time:

### **Accident Sketch Plan**



DECLARATION

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

Policy holder's signature Date & time:

19/11/2019 2 pm

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

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### **Police Report**





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

1 of 3 Report No. T/20191025/2182

Date/Time Report Made: 26/10/2019 21:07		Vade:	Vide Report No.:	Station Diary No.	
Informa	ant's Partic	ulars		A STATE OF THE STA	
Name of Informant: RAMALINGAM PANDIMUTHU			Address: APT BLK 7 TOH GUAN ROAD EAST #08-14 ALPHA INDUSTRIAL BUILDING SINGAPORE 608599		
ID Type / ID No.: FIN NO / G7486502Q		20	Contact No.: Home/Office:	Mobile: 84224791	
Nationality: INDIAN			Email:		
Sex: Male	Age:	Date of Birth: 15/04/1979	Type of Informant:		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Other heavy truck and long drivers		nd lorry drivers	Driving Licence Information: Class: 28,3,4	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2019 15:20	Type of Location Straight Road	
Location: Along Road 1 JALAN SELA Weather:		Road Surface:	R	load Speed Limit:	
Clear	Traffic Flow: Traff			Traffic Volume:	
THE PERSON NAMED IN COLUMN TWO		Traffic Control: Not Controlled			

Details of V	ehicle Invo	lved	15 17 14 E. S.	REELEN AND	N ELEXAGO	AND SECTION AND ADDRESS.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC3702C	Car	ТОУОТА			Slightly Damaged	1
WC8249J	Lorry	ISUZU			Slightly Damaged	0

#### **Police Report**



T/20181026/2162

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999 CONTINUATION OF REPORT

2 of 3 Report No. T/20191026/2162

### Brief Details,

On 28/10/2019 at about 1520hrs, I was reversing my cament long bearing plate number, WC8249J, for a construction for one of the unit along Jin Selanting. However, suddenly a taxi bearing plate number, SHC3702C, tried to squeeze through the lane and resulting the taxi right side graze on to my front left bumper.

No one was injured at that point of time.

#### **Police Report**





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

3 of 3 Report No. T/20191026/2162

CONTINUATION OF REPORT

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  D /  Sgt 2 FAIZUL BIN NENWARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2019 21:07
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 12















