





## 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	20/11/2019 15:25
Date Of Accident	18/11/2019 15:10
Exact Location Of Accident	OCEAN DRIVE ROUNDABOUT (SENTOSA)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5948T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CIVILLAND CONSTRUCTION & ENGRG PTE LTD
Co Reg No	1999000253C
Email Address	CIVILLAND@MSN.COM
Mobile Phone No	(LOCAL) +65-90270437
Alternative Phone No	OFFICE-90270437

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR69E-3.1 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	8VCT1838230

### Driver

Name of Driver	KANDASAMY KARTHEEBAN
Passport No/FIN	G7285408Q
Date Of Birth	01/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90270437
Fax Number	
Contact Number	OTHERS-90270437
EMail Address	CIVILLAND@MSN.COM

Address -  
 Postcode -  
 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 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: : HOSSAIN SHAIKH JAKIR  
 GENDER: : MALE

### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name BUKIT MERAH WEST NPC  
 Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

### 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 SHA6527H  
 Vehicle Make/Model/Colour HYUNDAI I40  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver ABDUL GAFFOOR MALICK BATCHA  
 NRIC/Passport Number S7073804Z  
 Contact Number 92382680  
 Address

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1



## SKETCH PLAN

### IMPORTANT NOTICE

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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.



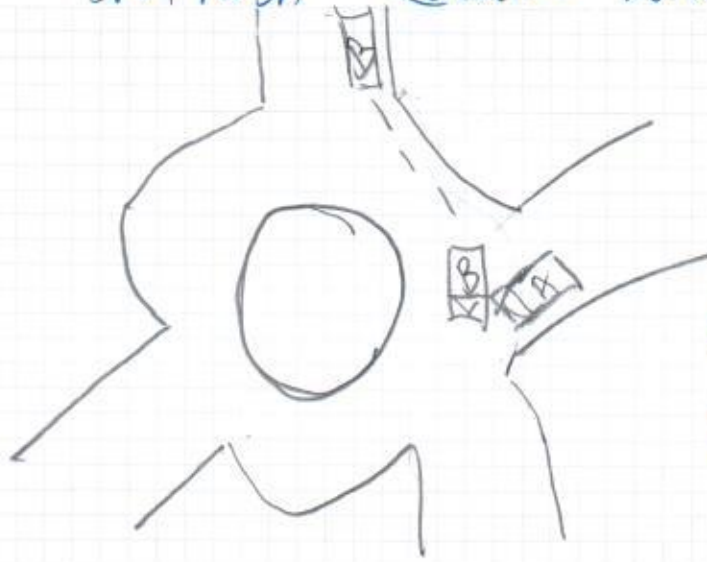
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

SHAROSA (COCHANE DRIVE)



A) GY5948T  
B) SH465274

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER AMBEL MENT

DECLARATION

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



Policyholder's Signature  
Date & Time:

20/11/19  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

20/11/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Place: Sentosa Cove

Date & Time: 18/11/19 15:12

gy 52  
I parked my vehicle (lorry, Y65948T) at the road side of Sentosa North Cove roundabout near the guard house for unloading of cables and materials. When my lorry was parked at the road side, the hazard signal light was turned-on before I stop and alight from the lorry.

After unloading the materials, before moving off, I turned-off the hazard signal light and signaled left before moving off. When I was moving off, the taxi (SHA6527H) accelerated and overtook my lorry hence the taxi crashed into the front right of my lorry and I came to an immediate halt. As the result of the crash, front right door, front right headlight and front right bumper was damaged.

The taxi did not come to an immediate halt but continues to move forward before stopping in front of my lorry, thus the damage is on the whole left body and left side mirror of the taxi. The security of Sentosa Cove came right after the crash and requested both vehicles to move off.

Neither myself nor the taxi driver were injured in the accident. We have exchanged personal particulars and moved off. Later, I went to police station to file an accident report on 18/11/19, 1910 hrs at Bukit Merah West NPC.



*[Handwritten signature]*

*[Handwritten signature]*  
20/11/2019  
Resin Watan

## NOTICE OF REPORTING

This is to confirm that Kandasamy Kartheeban NRIC/FIN  
G7285408Q, has reported to the Police a non-injury traffic accident  
which

occurred at Sentosa Cove

on 18/11/2019 at 1512hrs involving the following vehicles:

YG5948T  
SHA6527H

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(3) Razeenah

Date: 18/11/2019 Time: 1910hrs

S/D Ref: 34

Police Post/Unit : BUKIT MERAH WEST NPC

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

Bukit Merah West  
Police Station  
Tel: 1800-077000



# ACCIDENT STATEMENT

ACCIDENT DATE: (18/11/2019) (DD/MM/YYYY), TIME: (15:12) (HH:MM)  
 LOCATION: SCHAW DRIVE ROUNDABOUT (SARPOSA)

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: GY 5948T
  - b) INSURANCE COMPANY: MSIG
  - c) POLICY NUMBER: 8VCT1838230
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY
  - e) MAKE & MODEL: ISUZU
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) MPV
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE
  - h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
  - a) NAME: CIVILIAN & WORKING STAFF (MALE / FEMALE) MALE
  - b) NRIC/FIN/PASSPORT: 19990002532 CONTACT: PIA 120
  - c) ADDRESS: \_\_\_\_\_

Hossain SHAIKH  
TAKIR

No of passengers  
(including driver)  
(2)

- \* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
- DRIVER
  - d) NAME: KANADA (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
  - c) ADDRESS: \_\_\_\_\_

- \* d) DATE OF BIRTH: (01/06/1976) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR) INDOOR
- f) DATE OF DRIVING PASS 04/10/2019
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING
- b) ROAD SURFACE: (DRY / WET / OTHERS) WET
- 6. WAS ANYBODY INJURED (YES / NO) NO
- 7. a) REPORTED TO POLICE (YES / NO) NO  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

No of passengers  
(including driver)  
(1)

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: SHAL 527H MODEL: TAXI
  - b) DRIVER'S NAME: ABUL GAFFOR MALEK BAKHT
  - c) NRIC/FIN/PASSPORT: 570738042 CONTACT: 92382610

No of passengers  
(including driver)  
( )

9. THIRD PARTY VEHICLE
  - d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - e) DRIVER'S NAME: \_\_\_\_\_
  - f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = KURIHARA@SINGNET.COM.SG  
 VIDEO CIVILLAND & MSN.COM



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (In Reg No. 2004127170)  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel: +65 6827 7888, Fax: +65 6827 7800  
 msig.com.sg

**MOTOR VEHICLE COVER NOTE**

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)  
 Motor Vehicles (Third Party Risks And Compensation) Rules, 1960  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

21 Nov 2018

Third Party

COVER NOTE No.

: 8VCT1838230

1. Index Mark and Registration Number of Vehicle

GY5948T

2. Chassis Number of Vehicle

JAANHR69E47100261

3. Name of Policyholder

CIVILLAND CONSTRUCTION &amp; ENGRG PTE LTD

4. Effective date of the Commencement of Insurance for the purposes of the Act

25 Nov 2018

00:01AM

5. Date of Expiry of Insurance

24 Nov 2019

6. Persons or Classes of Persons entitled to drive\*

(a) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use\*

Use in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.



Approved Insurer

**IMPORTANT NOTICE**

This temporary Cover Note is valid for a maximum of 14 days only.

You must exchange the Cover Note for the Certificate of Insurance from the insurer within 14 days from the date of this Cover Note.

If you are involved in an accident, full details must be forwarded immediately to the Company.