





## 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	21/01/2020 11:11
Date Of Accident	18/01/2020 17:10
Exact Location Of Accident	CORPORATION RD TURNING RIGHT INTO BOON LAY AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7463G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GALMON (S) PTE LTD
Co Reg No	-
Email Address	GUNA2256@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97172231
Alternative Phone No	OFFICE-68622277

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A-3.0 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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 400000091 MKF
Cover Note Number	

### Driver

Name of Driver	GUNASEGAR A/L MUNIANDY
Passport No/FIN	FXXXX815R
Date Of Birth	30/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97172231
Fax Number	
Contact Number	OFFICE-68622277
Email Address	GUNA2256@YAHOO.COM

Address	50 TUAS AVENUE 1 JURONG INDUSTRIAL ESTATE
Postcode	639527
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200118/2130

#### 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	SHB4618L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG KIAN YONG

NRIC/Passport Number	SXXXX757C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

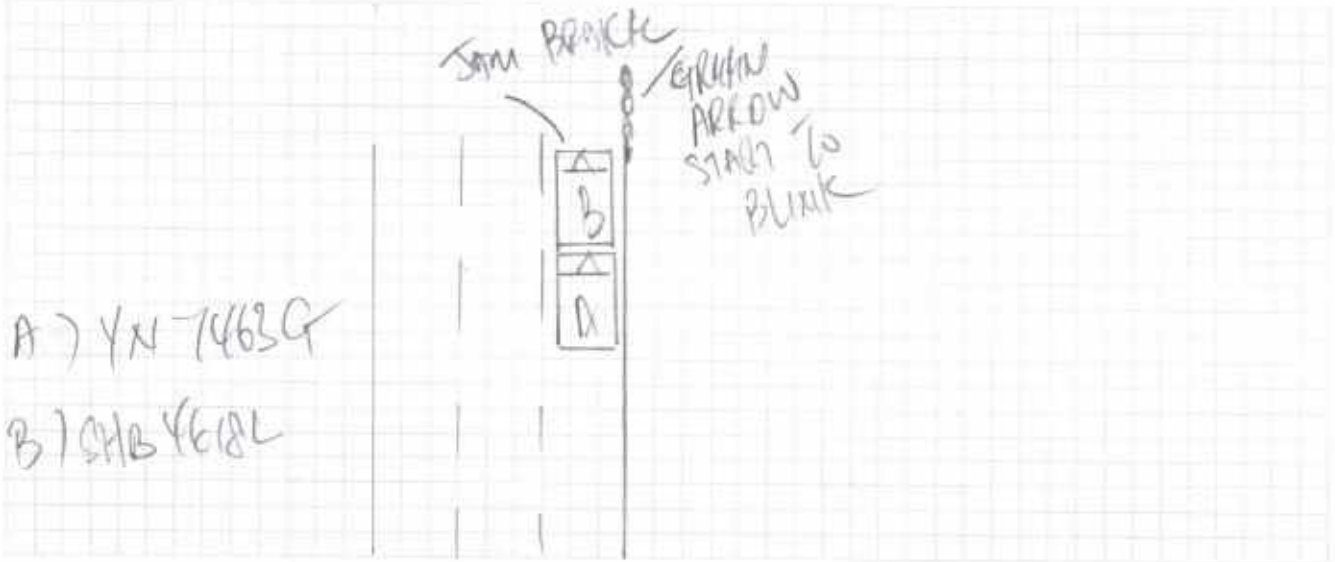
Salmon (S) Pte Ltd  
50 Tuas Avenue 1  
Jurong Industrial Estate  
Singapore 639527  
Tel : 6862 2277 Fax : 6862 0527

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

COFFORD ROAD

Refer to Police Report 7/20200118/2130

DECLARATION

We declare the foregoing particulars are true in every respect.

Galwan (S) Pte Ltd  
30 Tuas Avenue 1  
Jurong Industrial Estate  
Singapore 639527

Tel: 6862 2277 Fax: 6862 0520

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/1/2020  
1030

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/1/2020

Keshi Vithan



# ACCIDENT STATEMENT

ACCIDENT DATE: 18/01/2020 (DD/MM/YYYY), TIME: 17:10 (HH:MM)

LOCATION: Corporation Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN74636  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: P400000091 MKF  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: ISUZU  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 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: Ganion (S) Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 68622277  
 c) ADDRESS: 50 Tuas Ave 1

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Gunasegar A/L Muniandy (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: F7434815K CONTACT: 97172231  
 c) ADDRESS: 50 Tuas Ave 1

\* d) DATE OF BIRTH: 30/08/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31/1/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (YES)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Nanyang N.P.C

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB4618L MODEL: HYUNDAI  
 b) DRIVER'S NAME: ANG KIAN YONG  
 c) NRIC/FIN/PASSPORT: 37807757C CONTACT:

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

email: guna 2256 @ Yahoo . Com  
 VIDEO



**SINGAPORE  
POLICE FORCE**



T/20200118/2130

1 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20200118/2130

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/01/2020 18:31		Vide Report No.:		Station Diary No.: 122	
<b>Informant's Particulars</b>					
Name of Informant: GUNASEGAR A/L MUNIANDY			Address:		
ID Type / ID No.: FIN NO / F7434815R			Contact No.: Home/Office:		Mobile: 97172231
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 30/08/1974	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: Mechanical engineer (general)		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2020 17:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CORPORATION ROAD BOON LAY AVENUE Corporation road turning right into Boon lay avenue				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHB4618L	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	3
YN7463G	Lorry	ISUZU	NHR85AUE4 A	White	No Damage	3

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200118/2130

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20200118/2130

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	ANG KIAN YONG		ID No.	S7807757C
Related Vehicle	SHB4618L (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	GUNASEGAR A/L MUNIANDY		ID No.	F7434815R
Related Vehicle	YN7463G (Lorry)		Contact No.	97172231
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On the 18/01/2020 at about 1710hrs while I was driving my lorry YN7463G along Corporation Road turning right into Boon Lay Avenue. Suddenly, the taxi SHB4618L in front of me jammed the break, I tried to stop my vehicle but unfortunately I was unable to stop my vehicle on time as the road was slippery and collided with the rear of the taxi SHB4618L against the front of my lorry YN7463G.

My lorry did not sustain any damages due to this accident and I wish to inform that no harm came to me. However, there was a slight scratch on the rear of the taxi SHB4618L and no injury came to the driver of the taxi. I wish to inform that there were no police nor ambulance at the scene nor did either of us called for the police or the ambulance.

I wish to add that after the collision happened, both of us alighted our vehicle to inspect the damages. Subsequently, we exchanged particulars and we took pictures of the other parties vehicle. After which, we both agreed to make a traffic accident report and we both left the location in our vehicles. Thus I am here to lodge a traffic accident report.



**SINGAPORE  
POLICE FORCE**



T/20200118/2130

3 of 3

Report No. T/20200118/2130

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**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:

J /  
Sgt 2 ASRUL FADZIL BIN AZMI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/01/2020 18:31

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



**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  
 A Member of **MS&AD** INSURANCE GROUP

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE**  
**Comprehensive**

Certificate No. P 400000091 MKF

Excess : SGD750

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**  
 YN7463G

2. **Name of Policyholder**  
 Galmon (S) Pte Ltd

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
 01/07/2019

4. **Date of Expiry of Insurance**  
 30/06/2020

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

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. **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

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing;

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

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 85 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 and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

**MSIG Insurance (Singapore) Pte. Ltd.**

Approved Insurers

Craig Ellis  
 Chief Executive Officer