#### 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	05/03/2020 12:35		
Date Of Accident	05/03/2020 03:50		
Exact Location Of Accident	TUAS SOUTH AVE 1 TWDS TUAS SOUTH AVE 4		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBD4792B		
Insured/Policyholder			
Name Of Registered Owner	ISO DELIGHT PTE LTD		
Co Reg No	-		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-96705121		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	DYNA		
Exact Purpose for which vehicle was being used at time of accident	WORKING		
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	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	A 29098045 MKC		
Cover Note Number			
Driver			
Name of Driver	ΠΗΔΝΠΔΡΔΝΙ ΒΔΙ ΔΩΙΙΡΙΙ		

Name of Driver DHANDAPANI BALAGURU

Passport No/FIN GXXXX908N
Date Of Birth 19/01/1985
Occupation OUTDOOR
Date Of Driving Pass 28/06/2017

Driving Experience 2 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83937310

Fax Number

Contact Number

EMail Address NOEMAIL

Address 212 HOUGANG ST 21

#01-325

Postcode 530212

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 - CROSS JUNCTION

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

NO

YES

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: : MANOJ

GENDER: : MALE

**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**

I WAS TRAVELLING STRAIGHT ALONG TUAS SOUTH AVE 1 TWDS TUAS SOUTH AVE 4 ON THE 2ND LANE OF A4-LANES RD.SUDDENLY VEH B FROM THE OPPOSITE DIRECTION MAKE A RIGHT TURN AND COLLIDED ONTO MY VEH.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: HAVEN'T RETRIEVE

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GK50P

Vehicle Make/Model/Colour ISUZU

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver RAMASAMY SAHADEVAN

NRIC/Passport Number GXXXX612W
Contact Number 85953070

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 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)
  - 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:

GH

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

um 05/03/20

1

Name:

NRIC/FIN No.:

#### **Accident Sketch Plan**

KETCH PLAN		
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	198	
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CLARATION		
	ulars are true in every respect.	2
O THE	D.R.C.	elyn 05/03/20
cyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
e & Time:	(If driver is not the policyholder)	Name:

Date & Time:

GIARMC SketchPlanForm\_V3

NRIC/FIN No.:

Page 5 of 19

2

## **Accident Sketch Plan**



























