

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 | 30/04/2020 11:47 |
| Date Of Accident | 10/02/2020 08:30 |
| Exact Location Of Accident | AYE TOWARDS TUAS AFTER EXIT 8 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLZ8698E |
| Insured/Policyholder | |
| Name Of Registered Owner | SGRENTACAR PTE LTD |
| Co Reg No | - |
| Email Address | CSMSDOCS@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92367233 |
| Alternative Phone No | OFFICE-82981870 |

Vehicle Particulars

| | |
|--|---------------------------|
| Manufacturer | MAZDA |
| Model | 3 |
| Exact Purpose for which vehicle was being used at time of accident | ON THE WAY TO MEET CLIENT |
| 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 | A 400000199 MCX |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | RAMACHANDRAN THIRUKUMARAN |
| NRIC No | GXXXX057X |
| Date Of Birth | 01/04/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/12/2018 |
| Driving Experience | 1 YEAR AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82981870 |
| Fax Number | |
| Contact Number | OTHERS-82981870 |
| EEmail Address | CSMSDOCS@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 28 HOY FATT ROAD #12-40 |
| Postcode | 151028 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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 | AFTER RAIN |
| 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) | 1 |

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 POLICE REPORT D/20200212/2062

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | SH8254B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | PETER WONG |
| NRIC/Passport Number | |
| Contact Number | 97670280 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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:

P. Thin Thin
30/11/2020 11:35 AM
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature] 04/05/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report



SINGAPORE
POLICE FORCE



D/20200212/2062

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200212/2062

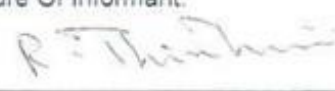
Both of us then came out of our vehicle and make sure no one had any injuries and we exchange particulars and drove off without taking any pictures of the damages. The reason being was that we were at lane 1 and we does not want to caused any congestion to the already Heavy Traffic Flow. Initially, I am in touch with the Taxi Driver to discuss whether to go for private settlement or insurance claim. He then quoted a \$700/- Private Settlement and that I will not be liable for anything else once the payment was done.


Subsequently the Taxi Driver namely Peter Wong (Contact:97670280) contacted me again in the afternoon and told me that if the passenger go for medical checkup, he will be in trouble hence, he suggest to switch to insurance claim instead and I agreed with insurance claim. I then called up to my Rental Company and told them about the accident and require towing service.

On 11/02/2020 in the evening time, I went down to the rental company and discuss with them about the matter and requested to lodge a report for Insurance claims. The Boss of the rental company asked me why the accident happens in the morning but only to report to them in the afternoon. I tried to explain it to the boss that the few hours lapse is because earlier on we were still deciding whether private settlement or insurance claim. He then told me that they will not proceed with the Insurance Claim. He said the vehicle will be due to scrap in 6 months time and that I will need to bear the full cost of the cost of damage value at \$10,000/-SGD and lost of income earnings value at \$7800/-SGD. In total, they wanted to claim from me \$17,800/-SGD. I then requested to go through Insurance claim but he refused.

On 12/02/2020 in the morning, I went down to IDAC which is located at 1007 Bukit Merah Lane 3 #01-11 and wanted to make a report. However the staff told me that I am not allowed to lodge the report as it is a rental vehicle. The staff told me that I will only be able to lodge the report from IDAC if 1) I have proof of rental documents from the Rental Company with official company stamp with it, and 2) the Insurance company details, In which the rental company refuse to provide to me that insurance company details.

| |
|---|
| Signature Of Officer Recording The Report: D / Sgt 2 TAN HWA TIONG  |
| Signature Of Interpreter: Not applicable |
| Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp MENAKAH D/O THIAGARAS Contact No.: 68727991 |

| |
|--|
| Signature Of Informant:  |
| Date/Time: 12/02/2020 19:25 |
| Classification Of Case: |

Authentication Stamp


Police Report



SINGAPORE
POLICE FORCE



D/20200212/2062

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200212/2062

I wish to lodge this report for record purpose and that I will try to lodge a complaint with C.A.S.E Singapore about the matter. I do believes that I should be granted to opt for Insurance claim instead of bearing the full cost which the amount was ridiculous.

| | |
|---|---|
| Signature Of Officer Recording The Report: D / Sgt 2 TAN HWA TIONG  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 12/02/2020 19:25 |
| Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp MENAKAH D/O THIAGARAS Contact No.: 68727991 | Classification Of Case: |
| Authentication Stamp  | |

LETTER

From: Monica Chung
Sent: Monday, April 27, 2020 11:59 AM
To: thiru@centurionsecurity.com.sg
Subject: Accident involving SLZ8698E and SH8254P along AYE TOWARDS TUAS AFTEREXIT 8 on 10/02/2020

Dear Mr Ramachandran,


Thank you for your call.

As spoken, please bring along your NRIC, driving license, police report to any of our authorised workshops (excluding Yew Tee Automobile Tech Pte Ltd).

You may show this email to the reporting personnel that MSIG allows you to make an accident report for the accident involving SLZ8698E on 10/02/2020.

Meanwhile, please let us know if you have any scene photos or video footage.

Thank you.

 We are pleased to assist you with your insurance claim. Please refer to the details of your policy for the terms and conditions. We will be happy to assist you with any queries. Thank you for choosing MSIG.

Regards,

Monica Chung
Executive, Claims Services
D: +65 6594 2552 | F: +65 6225 7402 | monica_chung@sg.msig-asia.com



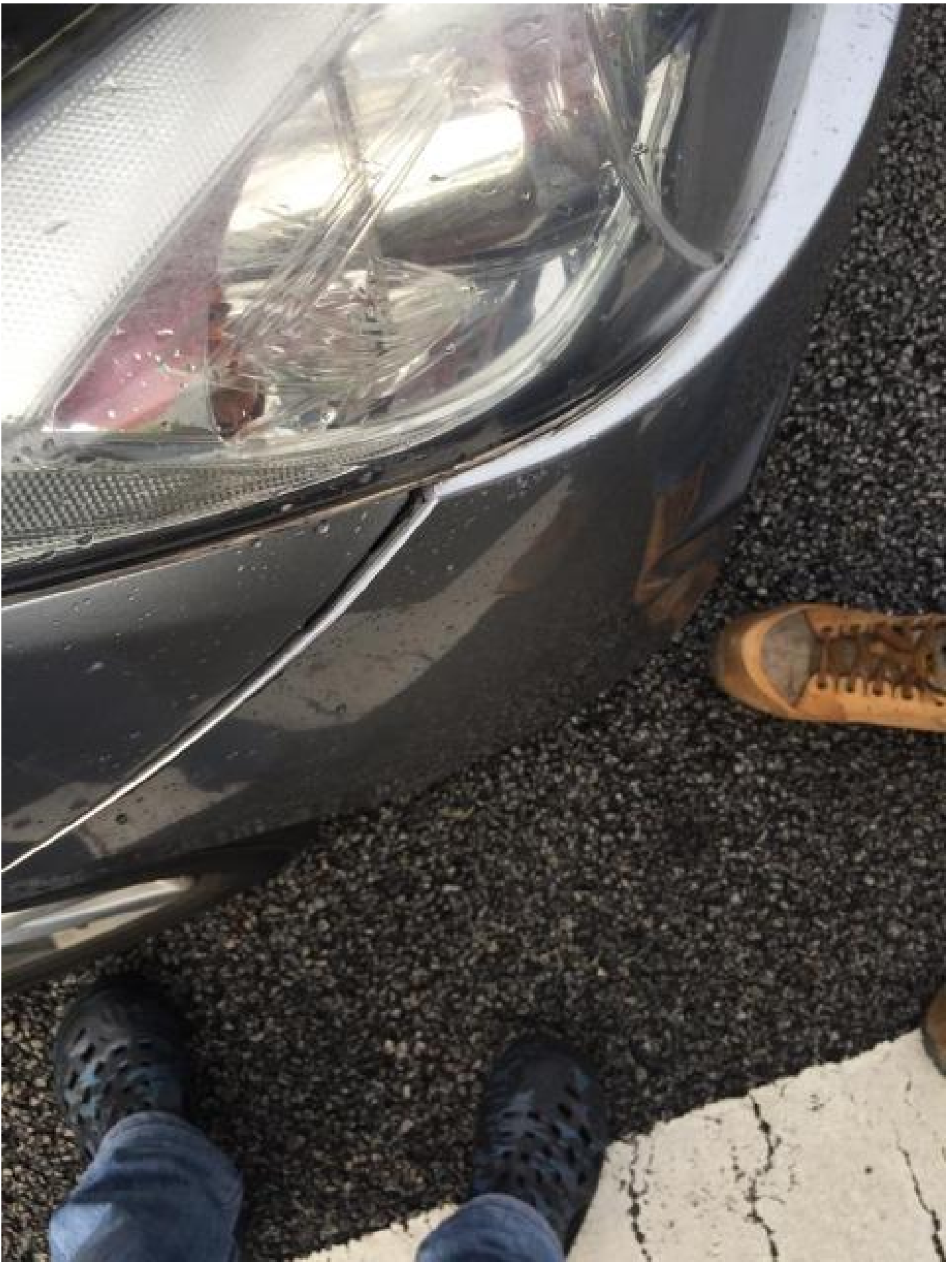
MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G |

msig.com.sg    

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Accident Photo



Accident Photo



Accident Photo



Accident Photo

