Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 18/05/2020 12:42

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 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.

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	27/12/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82981870
Fax Number	
Contact Number	OTHERS-82981870
EMail 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 & D/20200511/2015

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	SH8254P
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)

SKETCH PLAN

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. 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:

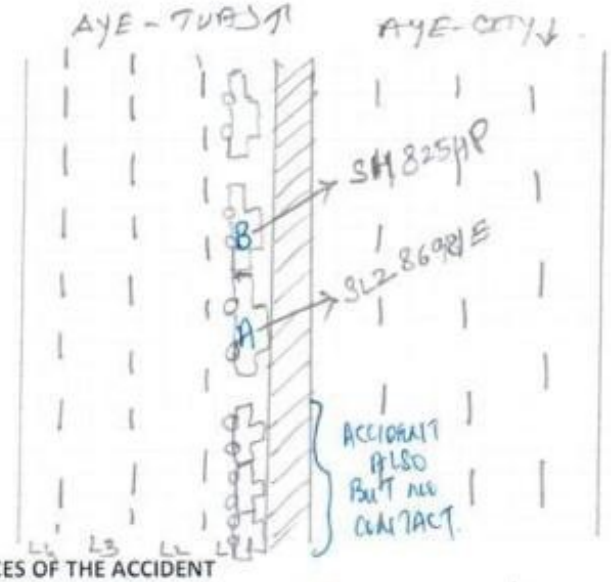
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 30/4/2020 11:35HRS	Reporting Centre Personnel's Signature 04/05/2020 Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT DT 20200212/2062

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 30/4/2020 11:37 HRS	Reporting Centre Personnel's Signature 04/05/2020 Name: ROSLI BIN HARUN NRIC/FIN No.:

SINGAPORE POLICE FORCE

D/20200212/2062

POLICE REPORT (NP299)

Report No. D/20200212/2062

Police Station Of Origin
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Date/Time Report Made	Vide Report No.	Station Diary No.
12/02/2020 19:25		67

Name Of Informant	Address
RAMACHANDRAN THIRUKUMARAN	APT BLK 28 HOY FATT ROAD #12-40 BRICKWORKS ESTATE SINGAPORE 151028
ID Type / ID No. FIN NO / G5476057X	Contact No. Home/Office Mobile 82981870
Nationality INDIAN	Email Address
Occupation ASSISTANT IT MANAGER	Sex: Male / Age: 36 / Date of Birth: 01/04/1983 / Race: Indian
Institution/School Name	Language English
Date/Time Of Incident 10/02/2020 08:30	Location Of Incident 1 BUKIT BATOK CRESCENT #02-53 WCEGA PLAZA SINGAPORE 658064 SGRentACar Pte Ltd

Brief details.

On 06/01/2020, I rent a car from 'SG RentACar Pte Ltf' and has been driving the car bearing SLZ8698E since then. On 10/02/2020 at about 0830hrs, I was driving along AYE towards TUAS at lane 1. A Comfort Delgro Taxi bearing SH8254B, was in front of my vehicle when it jammed brake. I tried to brake as well but to no avail and had collided onto the rear portion of the taxi. As a result, my vehicle's front car bonnet was dented in, windscreen cracked and Air Bag was deployed.

Signature Of Officer Recording The Report:	Signature Of Informant:
D / Sgt 2 TAN HWA TIONG	R Thirukumaran
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

SINGAPORE POLICE FORCE

D/20200212/2062

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 #01-11and 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 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

SINGAPORE POLICE FORCE

D/20200212/2062

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

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.

Regards,

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

MSIG

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

A Member of MS&AD INSURANCE GROUP

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Police Report

SINGAPORE POLICE FORCE

1 of 1

POLICE REPORT (NP299)

Report No: D/20200511/2015

Police Station Of Origin
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Date/Time Report Made	Vide Report No	Station Diary No.
11/05/2020 14:08	D/20200212/2062	8

Name Of Informant	Address
RAMACHANDRAN THIRUKUMARAN	APT BLK 28 HOY FATT ROAD #12-40 BRICKWORKS ESTATE SINGAPORE 161028

ID Type / ID No	Contact No	
FIN NO / G5476057X	Home/Office	Mobile 82981870

Nationality	Email Address
INDIAN	

Occupation	Sex	Age	Date of Birth	Race
ASSISTANT IT MANAGER	Male	37	01/04/1983	Indian

Institution/School Name	Language
	English

Date/Time Of Incident	Location Of Incident
10/02/2020 08:30	APT BLK 1 BUKIT BATOK CRESCENT #02-53 WCEGA PLAZA SINGAPORE 658064 SGRentACar Pte Ltd

Brief details:

I am making the report to state that the Carplate number for the Comfort Delgro Taxi should be 'SH82548F' instead of 'SH82548' which was keyed inside the initial report D/20200212/2062. I am lodging this report as the Insurance Company required a physical copy of the police report stating the correct carplate number. The report is for insurance company claiming purpose. That is all.

Signature Of Officer Recording The Report	Signature Of Informant
D / Sgt 2 TAN HWA TIONG	
Signature Of Interpreter	**Date/Time**
Not applicable	11/05/2020 14:08
Officer In-Charge Of Case	**Classification Of Case**
D / Clementi Police Divisional Investigation Branch / Insp MENAKAH D/O THIAGARAS Contact No.: 98727991	

Authentication Stamp

Singapore Police Force

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120044283 Vehicle Registration No: SLZ8698E

Name(as shown in NRIC) : RAMACHANDRAN THIRUKUMARAN NRIC/FIN/Passport No : GXXXX057X

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 28 HOY FATT ROAD #12-40 Singapore(151028)

Contact (Tel) : Mobile No. : 82981870

Email Address :

Date of Accident : 10/02/2020 Time of Accident : 08:30

Place of Accident : AYE TOWARDS TUAS AFTER EXIT 8

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TP VEH NO AND ADD IN AMENDED POLICE REPORT.

Policyholder / Driver's Signature
Date:

14/05/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC addendumform_v1

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNIA1200445283-01 Vehicle Registration No: SLZ8098E

Name(as shown in NRIC) : RAMACHANDRAN THIRUKUMARAN NRIC/FIN/Passport No : G[illegible]57X

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 92367233

Email Address : _____

Date of Accident : 10/07/2020 Time of Accident : 08.30

Place of Accident : AYE JOHARDS TUAS AFTER EXIT 8

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

BANK OF DRIVING PASS TO 27/12/2023

Policyholder / Driver's Signature
Date:

18/05/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: