

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 Submission 07/12/2020 13:06 (SGT)
Date of Accident 06/12/2020 11:35 (SGT)
Exact Location of Accident Jln Eunus, Singapore
Additional Location Information ALONG KAMPONG EUNOS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT8654L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VIJAY KUMAR S/O CHINT RAM@V KUMAR
NRIC No SXXXX927J
Email Address vijay.ratty@yahoo.com
Mobile Phone No (Phone) +65-97608128
Alternative Phone No +65-97608128

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company MSIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number B 300359796 QMX
Cover Note Number -

DRIVER

Name of Driver VIJAY KUMAR S/O CHINT RAM@V KUMAR
NRIC No SXXXX927J
Date Of Birth 06/08/1952
Occupation Indoor

Date Of Driving Pass	14/08/1978
Driving experience	42 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97608128
Alt. Phone Number	+65-97608128
Email Address	vijay.ratty@yahoo.com
Address	5 KAMPONG EUNOS
Address complement	#04-08
Postcode	417771
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING IN KAMPONG EUNOS LANE,AS I WAS APPROACHING MY CONDO EUNOS PARK.VEH B BEARING REG NO GBH9762J PARKED AT DOUBLE YELLOW LINE SUDDENLY CAME OUT WITHOUT ANY INDICATOR AND HIT ONTO MY RIGHT SIDE OF MY DRIVER SEAT RIGHT TO THE REAR END OF MY VEH.

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	GBH9762J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	FU RONGTAI
Passport No/FIN	SXXXXX225Z
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

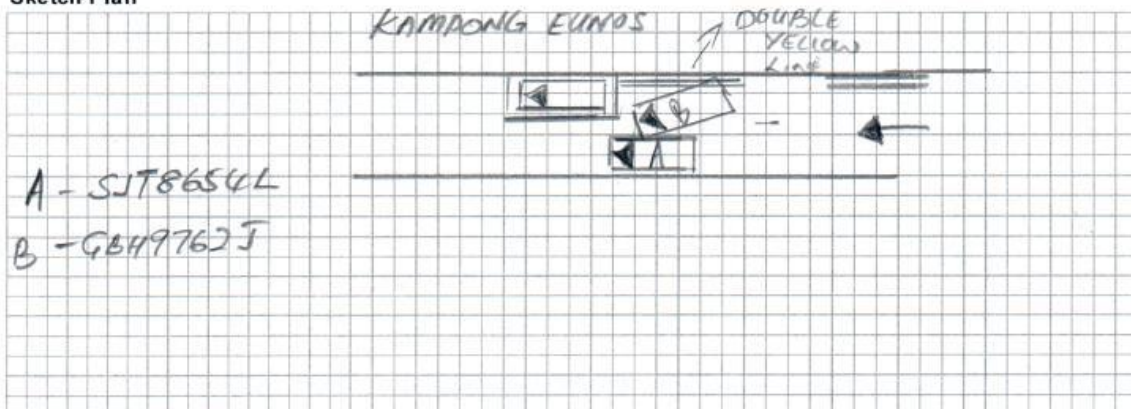
SKETCH PLAN**IMPORTANT NOTICE**

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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.

Rafael 7/12/20
Policyholder's Signature / Date & Time

2/Jan 07/12/20
Driver's Signature (If driver is not the policyholder) / Date & Time

2/Jan 07/12/20
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I have to state dated 6/12/20 at 11:35 am I was driving in Kg Euros Lane (Spore 417771), as I was approaching my Costa Euros Party vehicle 9BH 9762J parked on double yellow line (an NTUC Fair Price delivery van) came out without any indicator and hit onto my right side of the driver seat right to the rear end of my car.

Declaration

We declare the foregoing particulars are true in every respect.

Rethmar 7/12/20
Policyholder's Signature / Date & Time

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

sfym 07/12/20
Witnessed by Reporting Centre Personnel

























