

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	28/01/2021 18:15 (SGT)
Date of Accident	28/01/2021 10:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FARRER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4139D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SURESH S/O VEEMAN
NRIC No	SXXXX213I
Email Address	veemansuresh@yahoo.com
Mobile Phone No	(Phone) +65-92992360
Alternative Phone No	+65-92992360

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
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	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MS005759-R02
Cover Note Number	-

DRIVER

Name of Driver	SURESH S/O VEEMAN
NRIC No	SXXXX213I
Date Of Birth	30/08/1978
Occupation	Indoor

Date Of Driving Pass	29/07/1999
Driving experience	21 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92992360
Alt. Phone Number	+65-92992360
Email Address	veemansuresh@yahoo.com
Address	37 YISHUN ST. 51 #08-34
Address complement	-
Postcode	767993
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	DAUGHTER
Gender	Female

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

REFER TO ATTACH. *THIRD PARTY CLAIM BY MCGAP WORKSHOP*

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG3406H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MOHAMMAD MUIZZUDEEN BIN HAJAH MOHAIDEEN
NRIC No	TXXXX561H
Contact Number	(Phone) +65-98514994
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMX2879M
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR. ENG
Contact Number	(Phone) +65-97772738
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. VEHICLE NO.: SLG 4139D

2. INSURER CO: Tokio

3. ACCIDENT
DATE & TIME: 28/1/21 @ 10:10am

IMPORTANT NOTICE

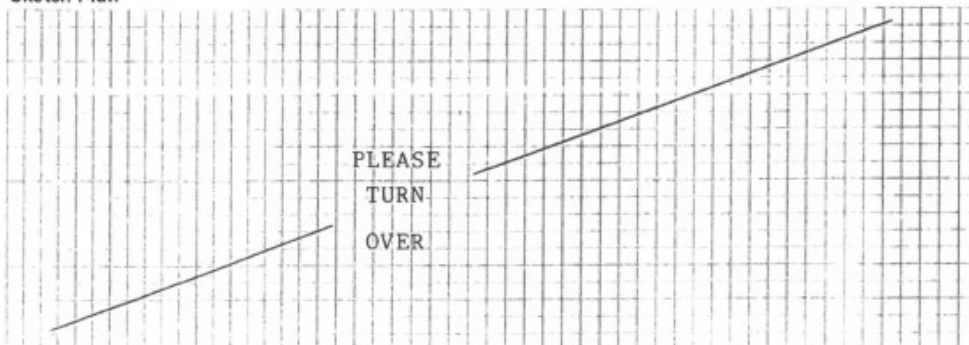
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

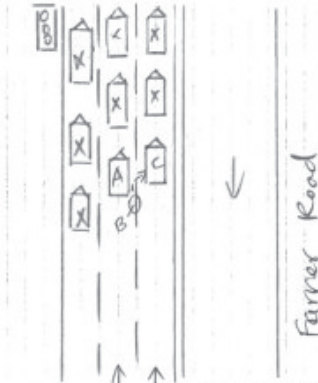
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (45)

Sketch Plan



Sketch Plan



A= SLG 4139 D
 B= FBG 3406 H
 Mohammad Muizzuddeen
 Bin Hajah Mohaideen
 T 0119 561 H
 HP-985114994
 C= SMX 2879 M
 Mr. Eng
 HP: 97772738

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

X: stationary vehicles

I was ~~stationary~~ waiting at the traffic light which was along Farmer Road going towards Commonwealth. While waiting for the traffic light to turn green, suddenly I heard a bang on my right rear side to my right passenger and then saw a motorcycle ^(B) swerve to the right side and there was also a stationary car (C) ^{and hit him}. My car is (A) and I was on the centre lane. Car (C) was at the extreme right lane. I came out and asked the motorcyclist if he was OK and he said yes. I asked him if he needed ambulance he said no. I asked him what happened, he said rushing to school and when he brake hit my rear right side and he tried to swerve hit the right car. He then apologized and I took down his particulars as well as the car (C) vehicle no and contact number. After that we left the place. I called the motorcyclist again, he said he not seeing doctor. I also wish to add that when I came out of the vehicle, his motorcycle ~~front~~ front tyre was under my right ~~rear~~ rear tyre.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/01/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
 (x) Claim QD/TP at other workshop (by McGap Workshop)