

## 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 ..... 18/03/2021 02:17 (SGT)  
Date of Accident ..... 17/03/2021 06:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE TOWARDS CITY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF6445L

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TOKYO CENTURY LEASING (SINGAPORE) PTE LTD.  
Company Reg No ..... 1XXXXX535G  
Email Address ..... c.mandy@tcls.com.sg  
Mobile Phone No ..... (Phone) +65-62208751  
Alternative Phone No ..... (Office) +65-62208751

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vellfire  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
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 ..... Yes  
Policy Number ..... G300336831MCY  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... KAMSANI BIN SULEIMAN  
NRIC No ..... SXXXX091E  
Date Of Birth ..... 20/11/1952  
Occupation ..... Outdoor

Date Of Driving Pass .....	24/01/1978
Driving experience .....	43 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96746150
Alt. Phone Number .....	-
Email Address .....	c.mandy@tcls.com.sg
Address .....	HDB Sembawang, 425 Canberra Road
Address complement .....	02-471
Postcode .....	750425
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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) .....	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? .....	Yes
Police Station Name .....	Orchard Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007359999
Alt. Police Station Phone No .....	(Fax) +65-67331934
Police Station Address .....	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 17/3/21 AT ABOUT 6.45AM, I WAS ON MY WAY TO MY OFFICE WHICH IS LOCATED AT #04-03 WINSLAND HOUSE, 3 KILINEY RD FROM MY HOUSE. WHEN I WAS DRIVING ON THE SECOND LANE FROM THE RIGHT SIDE ALONG CTE (I RECALL THAT I WAS NEAR THE EXIT THAT LEADS TO ANG MO KIO AVENUE 5 AND ITE CENTRAL COLLEGE WAS ON MY RIGHT HAND SIDE IF I CONTINUE TO DRIVE FURTHER), THE CAR (SMP2935B) IN FRONT OF ME JAMMED BRAKE BECAUSE OF A TRAFFIC ACCIDENT IN FRONT OF IT. I DID NOT SEE THE TRAFFIC ACCIDENT BEFOREHAND. I TRIED JAM BRAKING. HOWEVER, THE CAR BEHIND ME (SGS5310P) TRIED TO JAM BRAKE BUT ITS FRONT BODY HIT MY REAR BODY. THE COLLISION ALSO CAUSED MY CAR TO MOVE FORWARD, WHICH CAUSED THE FRONT BODY OF MY CAR TO HIT THE REAR BODY OF THE CAR (SMP2935B) IN FRONT OF ME. AS ASUCH, THERE IS SOME SLIGHT SCRATCHES ON THE LEFT FRONT BODY AND SLIGHT SCRATCHES ON THE BACK OF MY CAR (SLF6445L). ALSO, THE LEFT FRONT HEADLIGHT OF MY CAR IS CRACKED. AS FOR THE CAR (SMP2935B) IN FRONT OF ME, THERE IS ONLY SOME SLIGHT SCRATCHED ON THE LEFT REAR. FOR THE CAR (SGS5310P) BEHIND ME, THERE IS A SMALL DENT ON THE LEFT FRONT BODY. I WISH TO STATE THAT NO ONE WAS INJURED BECAUSE OF THS INCIDENT. I GAVE MY PARTICULARS TO BOTH DRIVERS (OF CARS IN FRONT AND BEHIND MINE) BUT I DID NOT TAKE DOWN THE DRIVERS' PARTICULARS. I ONLY RECORDED DOWN THE DRIVERS' CAR PLATE NUMBER. I FURTHER WISH TO STATE THAT THE CAR I WAS DRIVING IS RENTED FROM A COMPANY CALLED TOKYO CENTRY. THE CAR'S INSURANCE IS ALSO UNDER TOKYO CENTRY. I WOULD LIKE TO LODGE A POLICE REPORT FOR RECORDING PURPOSE AND TO FILE INSURANCE CLAIM.

#### ATTACHMENT(S)

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

Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGS5310P
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Picnic
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMP2935B
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Freed
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
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**  
**SLF6445L**

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8. **Consent under the Personal Data Protection Act (PDPA)**

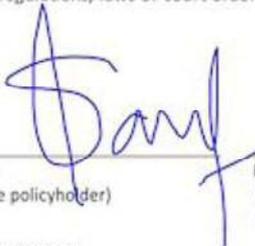
I understand, acknowledge, agree and consent that:

- (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.
- (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:

17 Mar 2021



**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**HASHIM BIN KAMARI**

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

