

# 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 .....	27/03/2021 14:26 (SGT)
Date of Accident .....	26/03/2021 08:50 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE TOWARDS TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XD7043A
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SG SAGAWA AMERIOD PTE LTD
Company Reg No .....	1XXXXX423d
Email Address .....	ziv.ong@sgh-global.com
Mobile Phone No .....	(Phone) +65-66029932
Alternative Phone No .....	(Office) +65-66029933

### VEHICLE PARTICULARS

Manufacturer .....	UDTrucks
Model .....	undefined
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	10837

### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	Yes
Policy Number .....	400000359MKR
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MUHAMMAD SHAHRIL BIN SAMSUDIN
NRIC No .....	SXXXX709A