SN09214F0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/04/2021 12:03 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (15/04/2021 12:03 (SGT))

# **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.

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   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 15/04/2021 12:03 (SGT) Date of Accident 13/04/2021 16:30 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mitsuhishi

Vehicle Registration Number YM6134T

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HOM LOGISTIC PTE LTD Company Reg No 2XXXXX437R **Email Address** ADEN.1111@YAHOO.COM Mobile Phone No (Phone) +65-86118285 Alternative Phone No +65-86118285

#### VEHICLE PARTICULARS

Manufacturer

Model Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 3000

#### **INSURANCE COMPANY**

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number A 300308118 MKC Cover Note Number

#### DRIVER

Name of Driver VEERAPPAN MEIYANATHAN Work Permit No GXXXX959X

Date Of Birth 21/06/1983 Occupation Outdoor Date Of Driving Pass 09/09/2020 Driving experience 7 MONTHS Gender Male Mobile Number (Phone) +65-88161600 Alt. Phone Number Email Address ADEN.1111@YAHOO.COM Address 31 WOODLANDS CLOSE #03-33 Address complement Postcode 737855 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 AFTER RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name MAHMUD TAREQ Gender Male 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 STATEMENT. 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 **YQ546G** Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	_
nsurance 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	SMS5944P
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

## **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person Address	VEERAPPAN MEIYANATHAN
	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	YM6134T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	MAHMUD TAREQ

#### SKETCH PLAN

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

Lunderstand, 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")

2014

(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 the light law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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

Witnessed by Reporting Centre

Sketch Plan

BKE towards SLE (CTE) TOE)

Vehicle A: YM61347 Vehicle8: YQ546G Vohicle (: SM55944P

Describe Circumstances of	the Accident		
I, Vehicle 'A' (YM	6134T) was t	travelling straight along e	xfreme left lane at
		317	
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fisced the year of	Vehicle 'c'	(SMS 5944P) when so	Idente a marrine
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		y (Ya 546G)	
I alighted to realis	e that Vehic	cle B, had crarked hi	to my rear
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We pectare the foregoing particula	rs are true in every re	spect.	₩.
	-4		V 1
Policyholder's Signature / Date & Time	Driver's Signature (i & Time	If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel















