

## 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 .....	13/04/2021 16:13 (SGT)
Date of Accident .....	12/04/2021 12:26 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG ALEXANDRA ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF766M
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#### 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) +65-87779752
Alternative Phone No .....	+65-87779752

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Qashqai
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
Transmission .....	Auto
CC .....	1197

#### INSURANCE COMPANY

Name of Insurance Company .....	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	Yes
Policy Number .....	MSD/VPCP/17-001458
Cover Note Number .....	NA

#### DRIVER

Name of Driver .....	RAMIREZ VELANDIA ADRIANA
NRIC No .....	GXXXX597N

Date Of Birth .....	15/10/1975
Occupation .....	Outdoor
Date Of Driving Pass .....	02/03/2019
Driving experience .....	2 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-84289420
Alt. Phone Number .....	-
Email Address .....	adriana.ramirez@msn.com
Address .....	The Coast @ Sentosa Cove, 278 Ocean Drive 098450
Address complement .....	#05-12
Postcode .....	-
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 .....	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

At about 12.20 today a car drove into my lane on the Alexandra Road. I was driving in the middle of three lanes and a silver Mercedes was in the left hand lane. The car in the left lane drove partially into my lane without indicating and without allowing enough space (I had right of way) and scratched my car with the right hand wing mirror (see the black mark and scratch). This other car moved too quickly and the driver simply assumed that the lane would be free or that I would move out of their way. They did not look properly and drove without due care and attention. This was the reason for the damage to my car. Please see video.

#### 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 .....	SFP8688H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG FONG CHUEN

Contact Number .....	(Phone) +65-97990192
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment 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)**

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:

13 Apr 2021

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMED SAIFULLAH S/O SYED MASOOD  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



Describe CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SAIFULLAH S/O SYED MASOOD

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

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**ACCIDENT STATEMENT (2000 characters)**

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Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMED SAIFULLAH S/O SYED MASOOD

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

13 April 2021 at 2:33 PM

Date/Time:

13 April 2021 at 2:33 PM