

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 04/10/2021 18:25 (SGT)
Date of Accident 02/10/2021 11:40 (SGT)
Exact Location of Accident Farnborough Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD7044Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SG SAGAWA AMERIOD PTE. LTD.
Company Reg No 199100423D
Email Address sgsa-claim@sgh-global.com
Mobile Phone No (Phone) +65-66029932
Alternative Phone No (Office) +65-66029932

VEHICLE PARTICULARS

Manufacturer UDTrucks
Model GKB5E
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 No
Policy Number J400000911MKF
Cover Note Number -

DRIVER

Name of Driver RAMAN ARIRAMAN
Passport No/FIN G8527696X

Date Of Birth	21/06/1972
Occupation	Outdoor
Date Of Driving Pass	17/04/2018
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87094887
Alt. Phone Number	-
Email Address	sgsa-claim@sgh-global.com
Address	BLK 13 CHANGI VILLAGE RD #03-085
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20211002/2086

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

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)	-

SKETCH PLAN

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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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

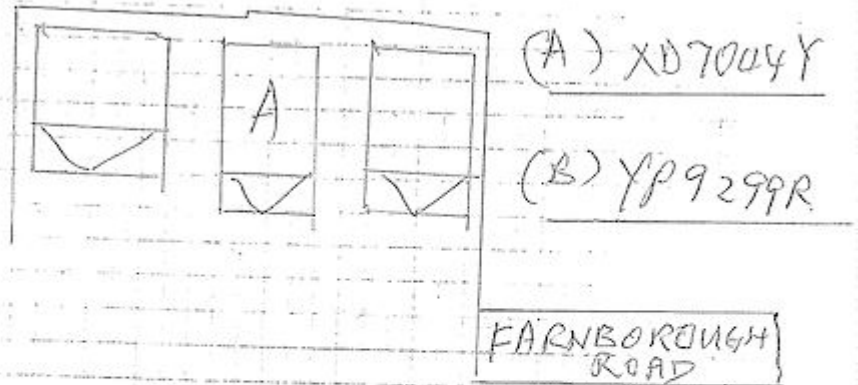


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2021/002/286

DECLARATION

I declare the foregoing particulars are true in every respect



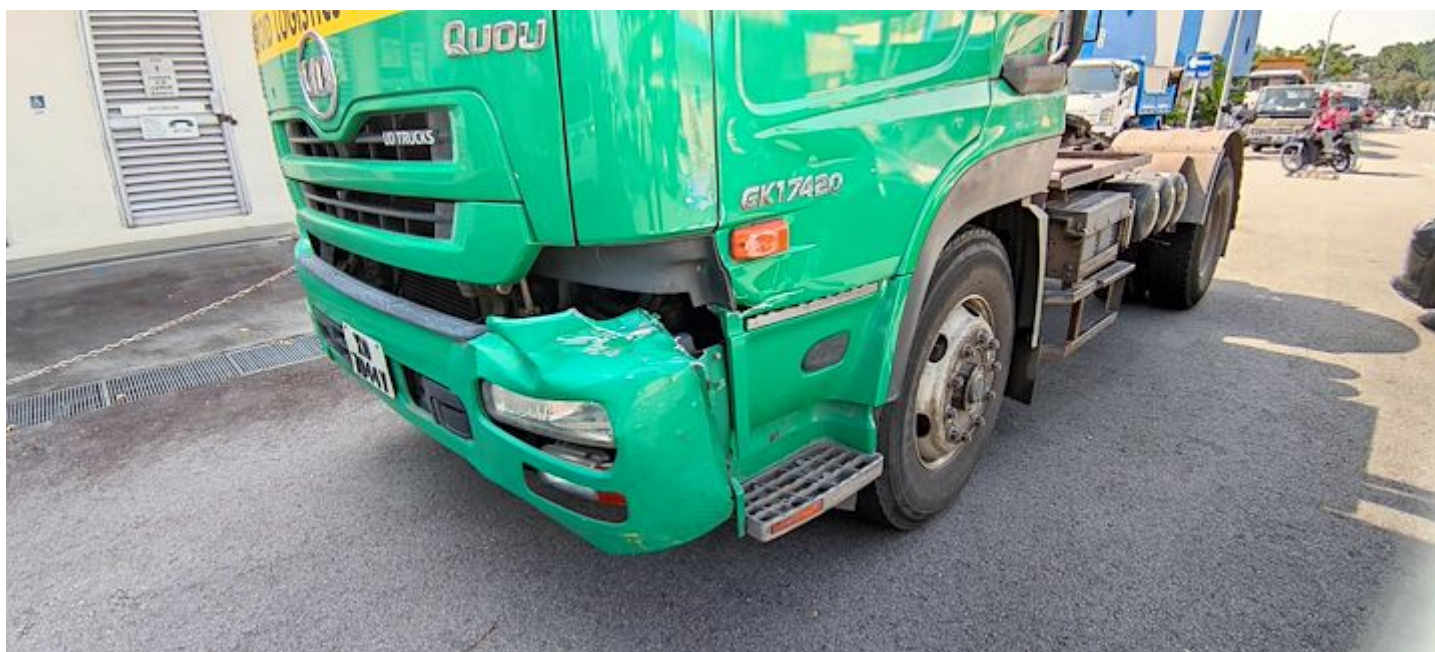
Driver's signature
(if driver is not the policyholder)

Signature 04 Oct 2021

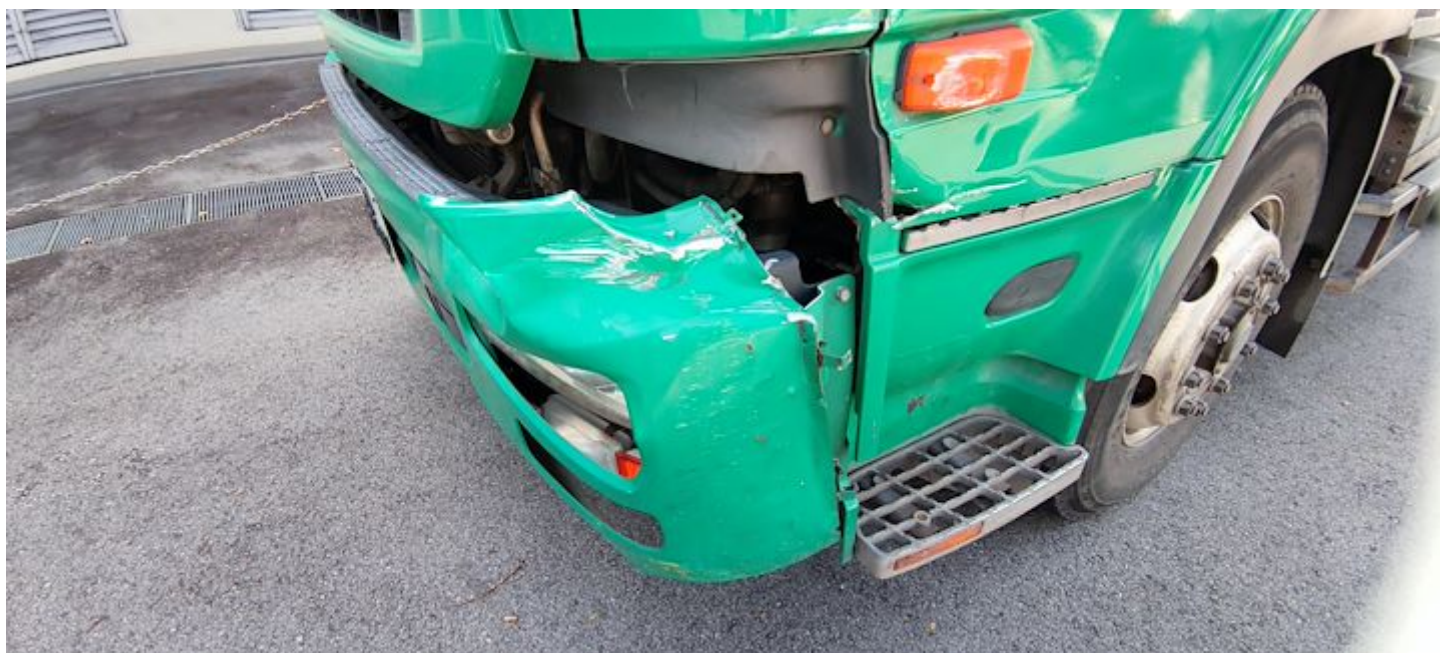
Reporting Centre Personnel's Signature
Name:

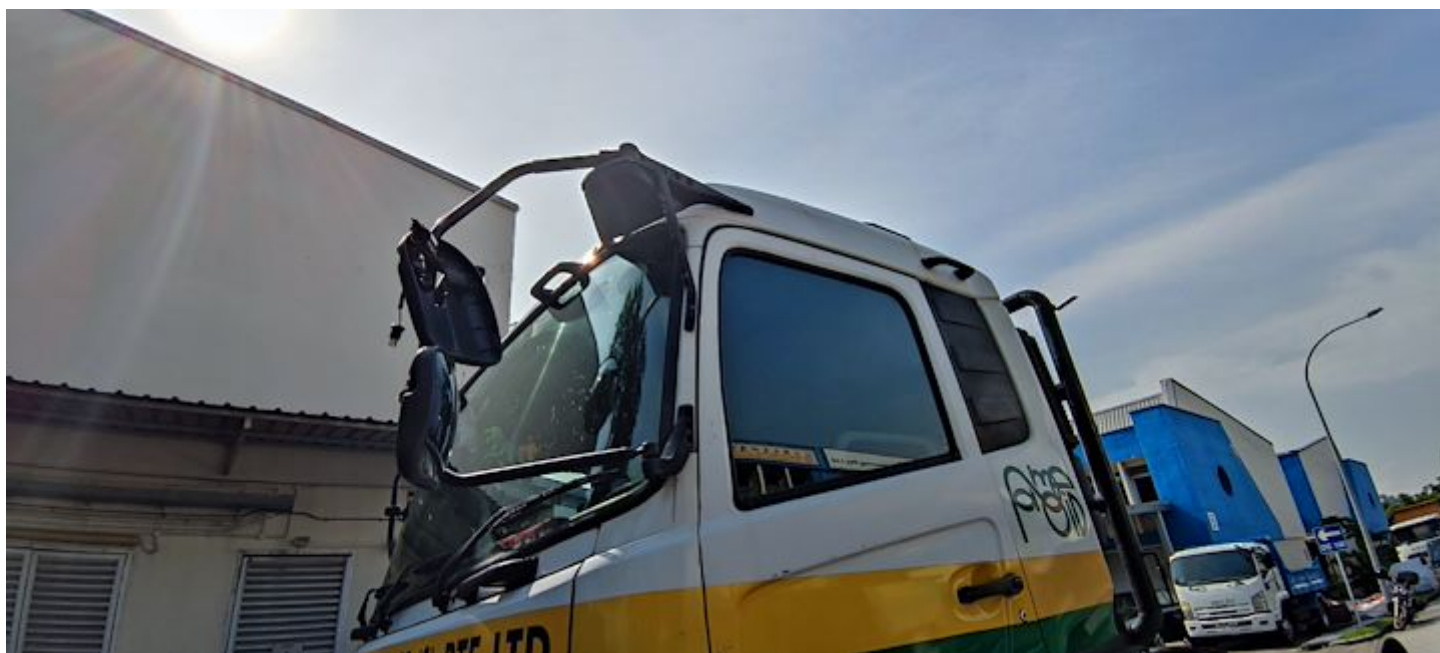
<input type="checkbox"/> Claim own policy	LYS
<input checked="" type="checkbox"/> Claim third party	
<input type="checkbox"/> Claim OD (not other workshop)	
<input type="checkbox"/> For record purpose	
Policy No.	3400000911 MCF
Insurer	MSIG
Veh No.	XD7004Y

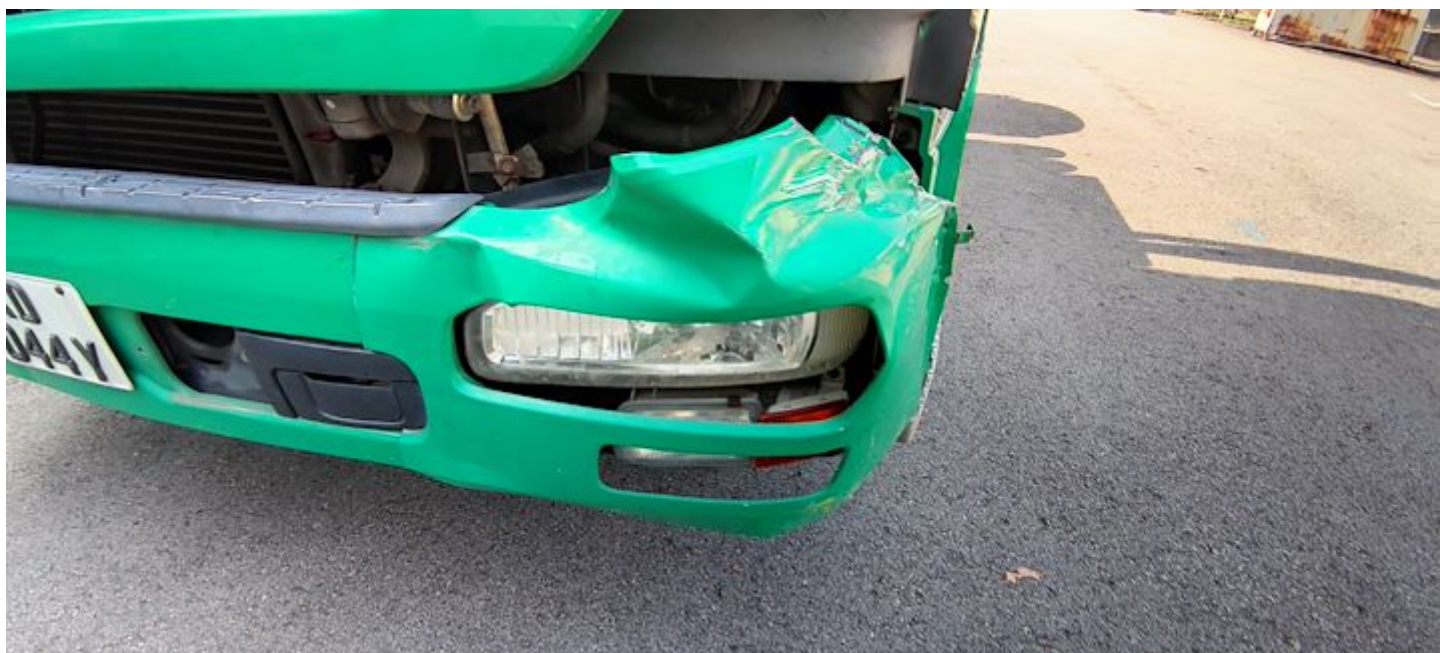














SINGAPORE POLICE FORCE



T/20211002/2086

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20211002/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2021 20:39		Vide Report No.:		Station Diary No.: 54
Informant's Particulars				
Name of Informant: RAMAN ARIRAMAN		Address: APT BLK 13 CHANGI VILLAGE ROAD #03-08 SINGAPORE 506938		
ID Type / ID No.: FIN NO / G8527696X		Contact No.: Home/Office: Mobile: 87094887		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 49	Date of Birth: 21/06/1972	Type of Informant: Vehicle Owner	
Race: Indian		Language:	Institution / School Name:	
Occupation: Trailer-truck driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/10/2021 11:40	Type of Location: Straight Road
Location: FARNBOROUGH ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD7044Y	Trailer					0
YP9299R	Truck					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211002/2086

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519457
Tel No: 1800-5852999

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Report No. T/20211002/2086

CONTINUATION OF REPORT

Vehicle Owner			
Name	RAMAN ARIRAMAN	ID No.	G8527696X
Related Vehicle	XD7044Y (Trailer)	Contact No.	87094887
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 01/10/2021 at about 5.45pm, I parked my trailer at the straight road behind Sree Rama Temple along Farnborough Road. At the point of time it was raining but I used that time to washed my trailer. After I was done, I ensured that everything was intact and thereafter proceeded my way back home which was nearby.

On 02/10/2021 at about 11.40am, I returned to where my trailer was parked and I found that there were damages on the right side of my trailer. The front right bumper as well as near the right door area had suffered some scratches and dents. The right side mirror was also dented and that the mirror had shattered. The side mirror was also shifted inwards towards the wind shield direction. Discovering this, I then called my office to report to them of the matter.

Just when I was about to leave my house to the office, I received a call from 83892371. The caller informed that I had been involved with an accident with his truck and that I was at fault for it. I then met up with this caller to seek some clarification at where I had parked my trailer. There I then asked where was his truck since he claimed that I had collided with it. He informed that his truck had already been sent to the workshop for repairs. When I asked him where was the damage involved, he did not wish to disclose it. He even claimed that I had collided with his truck during when I wanted to park. When I tried to get more information on this and explained that during the point of when I had parked my trailer it wasn't a truck beside my trailer rather a passenger van he quickly denied my claim. I even explained that my trailer was intact when I left it. The caller even informed that he did not lodged a police report on the accident and immediately went to the workshop instead.

After consulting my company on this I was advised to lodge a police report as the caller also did not wish to provide his particulars. I only note that he was an Indian national. I have an in-car camera however it would switch off whenever it was parked.



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T/20211002/2086

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Report No. T/20211002/2086

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
G /
Sgt 3 MUHAMMAD KHIRUL
NA'EM BIN KHIRUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/10/2021 20:39

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Classification Of Case:

Authentication Stamp
ND16R