

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 03/11/2021 09:55 (SGT)
Date of Accident 31/10/2021 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PERAK RD JUNC OF DICKSON RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9106P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIANG HOCK CAR RENTAL PTE LTD
Company Reg No 2XXXXX271R
Email Address car.rental@sianghock.com.sg
Mobile Phone No (Phone) +65-62568888
Alternative Phone No (Office) +65-62568888

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-21097519MFBP/16
Cover Note Number -

DRIVER

Name of Driver LOGESPERAN KRISNAN
Passport No/FIN SXXXXX399J

Date Of Birth	03/10/1991
Occupation	Outdoor
Date Of Driving Pass	24/10/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-90669254
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 186 TOA PAYOH CENTRAL
Address complement	#02-444
Postcode	310186
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	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)	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

PLS REFER TO THE ATTACHED 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	SNA6125M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM YOU MENG
NRIC No	SXXXX461Z
Contact Number	(Phone) +65-88915531
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:

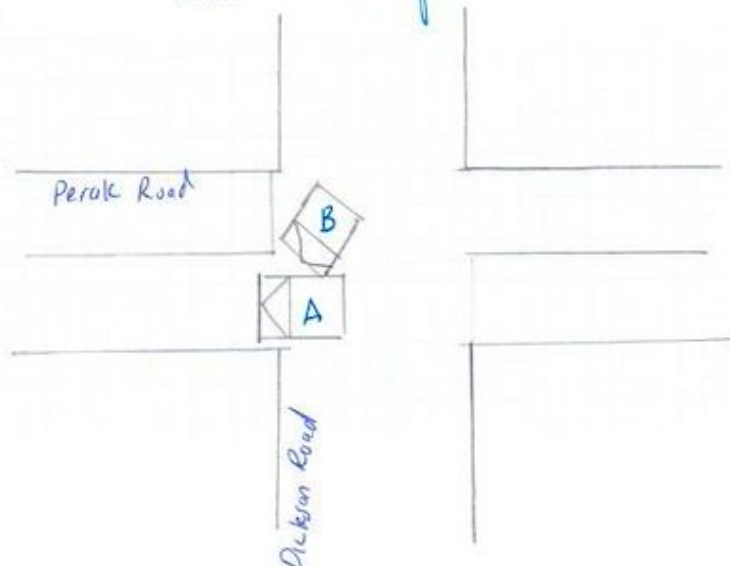
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


 Policyholder's Signature / Date & Time

Sketch Plan


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

 03/10/21
 Witnessed by Reporting Centre Personnel






A - PC 9106C
 B - SNA 6125M

Describe Circumstances of the Accident

See Attached

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 03/11/21
Witnessed by Reporting Centre Personnel

on 31/10/2021 Whilst driving along Perak Road and crossing the junction of Dickson Road , I did slow down my vehicle (PC 9106 P)prepared to stop if got any oncoming vehicle. After I look front and right and there was no vehicle from my view I move slowly towards Perak Road when i have crossd the junction All of a sudden I heard a bang near to my right rear tyre .I immediately park at the side and went down to have a look.I spotted vehicle (SNA 6125 M White Honda MPV) did hit my vehicle at the right side rear tyre which was coming from Dickson Road turning to Perak Road.My vehicle was already pass as the impact was at the rear side as if I dash thru the oncoming vehicle the impact will be at the front.

Particulars of the vehicle driver (Name: Lim You Meng, NRIC : S 7043461 Z , HP : 88915531)

As there was no injuries had been claimed by the driver and also the passenger (Name : Sivasarvanan S/O Suppiah Murugan , NRIC : S 7616737 J) we decided to exchange the particular to make an insurance claim. The hit vehicle (SNA 6125 M White Honda MPV)got dent on its front left side. Both vehicle had minor dent and in driving condition. After exchanging of particulars and taking necessary pictures the driver move off and I leave the scene as well .



SIVASARVANAN S/O SUPPIAH MURUGAN

NRIC : S 7616737 J

HP : 90669354

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