

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 08/11/2021 15:41 (SGT)
Date of Accident 05/11/2021 19:30 (SGT)
Exact Location of Accident 11 Tuas Ave 7, Singapore 639266
Additional Location Information JUNCTION OF TUAS AVE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD3616J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CROWN EQUIPMENT (SINGAPORE) PTE. LTD.
Company Reg No 1XXXXX704G
Email Address moe.win@crowm.com
Mobile Phone No (Phone) +65-91129667
Alternative Phone No (Office) +65-66901925

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Starex
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 Auto
CC 2497

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number B29146801ACX
Cover Note Number -

DRIVER

Name of Driver ANPALAGAN PATCHMUTHU
NRIC No FXXXX856P

Date Of Birth	21/10/1970
Occupation	Outdoor
Date Of Driving Pass	25/07/2017
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86181775
Alt. Phone Number	-
Email Address	moe.win@crown.com
Address	76 LOR PISANG EMAS
Address complement	-
Postcode	597893
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	Collided into Parked Vehicle
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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20211106/2018

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	GBJ8674B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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.

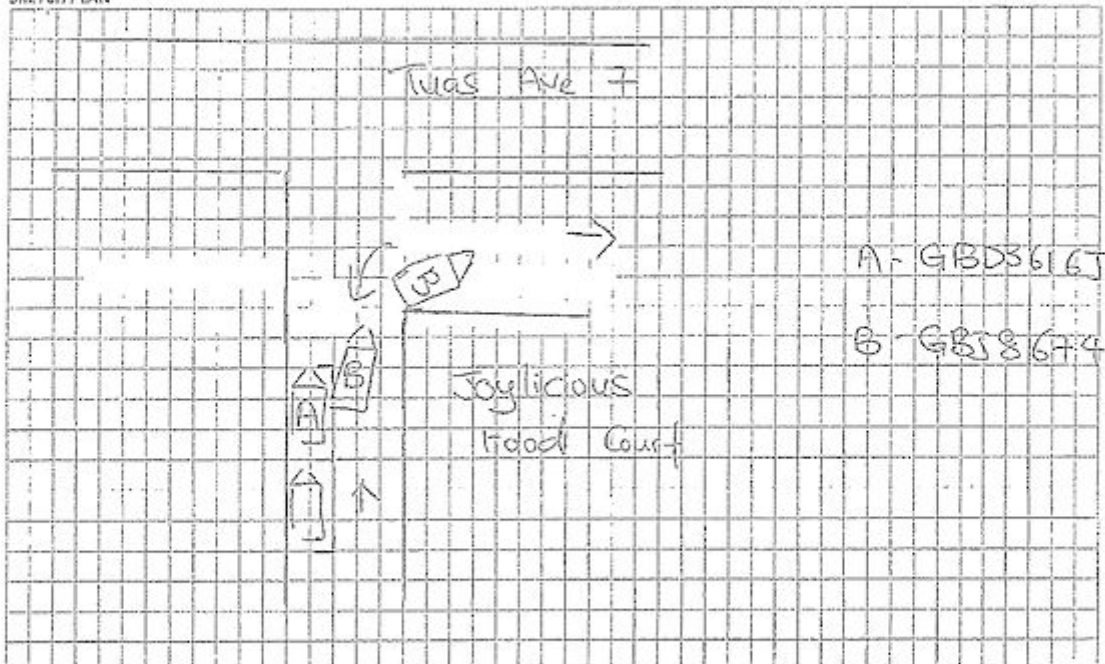
I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

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



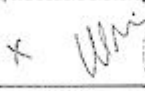

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20211106/2018

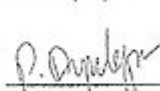
Remark: Near the cross junction of Twas Ave 10.
(Joylicious Dormitory)

DECLARATION

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

x  

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)

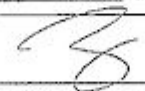
Date & Time:

GIARMC SketchPlanForm_V3

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☐ Claim own policy
☐ Claim third party
☐ Claim CD / TP at other workshop
☐ For record purposes

Policy No. B-2719680/ACX
Insurer MSIG Veh. No. GBDS616J


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:























SINGAPORE POLICE FORCE



T/20211106/2018

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20211106/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2021 09:03		Vide Report No.:		Station Diary No.: 30
Informant's Particulars				
Name of Informant: ANPALAGAN A/L PATCHYMUTHU		Address: C/O 76 Lor Pisang Emas SINGAPORE 597893		
ID Type / ID No.: FIN NO / F1412856P		Contact No.: Home/Office: Mobile: 86181775		
Nationality: MALAYSIAN		Email: bala3599ajj@gmail.com		
Sex: Male	Age: 51	Date of Birth: 21/10/1970	Type of Informant: Driver	
Race: Tamil		Language: English	Institution / School Name:	
Occupation: SERVICE TECHNICIAN		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/11/2021 19:30	Type of Location: Car Park
Location: TUAS AVENUE 10				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3616J	Van	HYUNDAI	H1 STAREX	White	Slightly Damaged	0
GBJ8674B	Lorry	TOYOTA	DYNA	Silver	No Damage	1



**SINGAPORE
POLICE FORCE**



T/20211106/2018

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20211106/2018

CONTINUATION OF REPORT

Brief Details.

On 5/11/2021 at about 1930hrs, I was sitting at the canteen and I heard a loud sound coming from the dormitory carpark. I head out and saw that a Silver Toyota lorry, GBJ8674B, has hit my parked vehicle, White Hyundai van GBD3616J. The driver of the lorry had reversed and hit my parked vehicle on the right side. There are scratches and paint damages on the right door and my door cannot be opened. There were no one in my vehicle and only 1 person, driver, in the silver lorry during the incident. No one was injured. I wish to state that the carpark is a one way road and the lorry driver had reversed in the wrong direction.

I am lodging this report for insurance claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20211106/2018

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20211106/2018

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 J/ SCCPL MUHAMMAD ISA BIN BAHAR	Signature Of Informant: <i>P. Appalyn</i>
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2021 09:03
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65474885	Classification Of Case:
Authentication Stamp NP168	
SIGNATURE	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: GBD3616J

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 05/11/2021 Time of Accident: 1930

Place of Accident: 11 Tuas Ave 7

Insurance Company: MSIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Change to claim third party

Policyholder / Driver's Signature
Date:

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

GIARMC Addendum Form