

## 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	07/12/2021 17:57 (SGT)
Date of Accident	07/12/2021 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE CLEMENTI AVE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2591Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HI-POWER INDUSTRIES PTE LTD
Company Reg No	199001392Z
Email Address	BERNICE@RAYMONDCOM.COM
Mobile Phone No	(Phone) +65-96626278
Alternative Phone No	(Office) +65-96626278

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2986

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300361472MKC
Cover Note Number	-

### DRIVER

Name of Driver	NG KAR HOE
NRIC No	S1534604C

Date Of Birth	23/10/1961
Occupation	Outdoor
Date Of Driving Pass	01/02/1985
Driving experience	36 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96626278
Alt. Phone Number	-
Email Address	BERNICE@RAYMONDCOM.COM
Address	BLK 298A COMPASSVALE ST #16-186 S541298
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	Collision - Head to Rear
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 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

#### REFER STATEMENT ATTACHED

#### 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

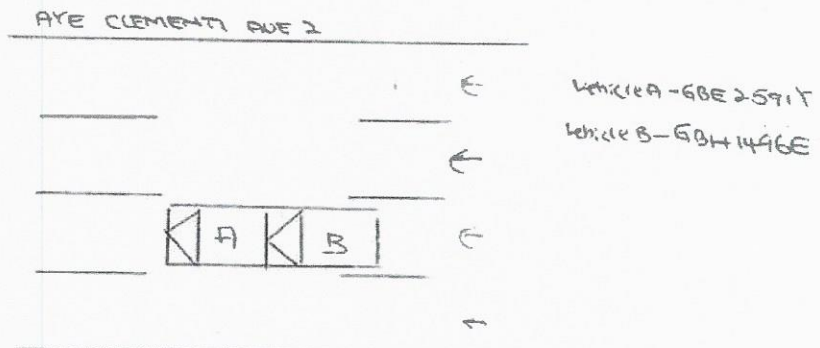
Vehicle Registration Number	GBH1496E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO: G8E 2591Y		MAKE & MODEL: TOYOTA HIACE		AUTO <u>MANUAL</u>	
DATE OF ACCIDENT		07 / 12 / 2021		CC: 2986	
TIME OF ACCIDENT		0900 <u>AM</u> / PM			
LOCATION OF ACCIDENT		ATE CLEMENTI AVE 2			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		HI-POWER INDUSTRIES PTE LTD			
EMAIL: BERNICE@RAYMONDCOM.COM		Office.		MOBILE 96626278	
NRIC		199001392Z			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY		YES / <u>NO</u>			
INSURANCE CO.		MSIG			
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO.		A300361472 MKC			
NAME OF DRIVER		AS ABOVE / <u>IF NO</u> NG KAR HGE			
NRIC		S1534604C			
DATE OF BIRTH		23 / 10 / 1961			
ANY PASSENGER		YES / <u>NO</u> :			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE -			
OCCUPATION		<u>Outdoor</u> / Indoor			
DATE OF DRIVING PASS		01 / 02 / 1985			
GENDER		<u>Male</u> / Female			
CONTACT NO		Mobile: 96626278 Office.		Home.	
EMAIL					
ADDRESS		BLK 298A COMPASSVALE ST #16 186 S(541298)			
DOES DRIVER OWN OTHER VEHICLES?		<u>NO</u> / If yes, Reg No.		INSURER	
RELATIONSHIP		Employee / If No			
WEATHER CONDITION		<u>Clear</u> / Raining / Other.			
ROAD SURFACE		<u>Dry</u> / Wet / Other.			
ANY INJURIES		<u>NO</u> / If yes, Who?			
CONTACT NO.					
POLICE REPORT		<u>NO</u> / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO/IF YES, WHO?			
VEHICLE B NO.		GBH1496E		Any Passenger: 02	
NAME		TAN KONG HWA		(S1601673Z)	
CONTACT NO.		83710725			
VEHICLE C NO.		Any Passenger.			
VEHICLE D NO.		Any Passenger.			
VEHICLE E NO.		Any Passenger.			
VEHICLE F NO.		Any Passenger.			
ANY WITNESS		Any Passenger.			
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>			
<b>**WORKSHOP:</b>					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					
YES / <u>NO</u>					

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic was heavy. vehicle ahead me slow down as I slow down my vehicle suddenly I felt an impact on my vehicle. vehicle B fail to stop and hit onto my rear portion.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

7/12/2024  
5:40 pm

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