

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy benefits.
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 to the Motor Vehicle Accident Management Centre established by the General Insurance Association of Singapore (GIAS) for processing 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 elsewhere.

### ACCIDENT STATEMENT

Date of Submission	17/12/2021 14:25 (SGT)
Date of Accident	15/12/2021 08:00 (SGT)
Exact Location of Accident	Altap Valley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3892S
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#### INSURED POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUATONG INLAND TRANSPORT SERVICE PTE. LTD.
Company Reg No	1XXXXX013K
Email Address	Ops2@huatong.com
Mobile Phone No	(Phone) +65-63662288
Alternative Phone No	(Office) +65-63662288

#### VEHICLE PARTICULARS

Manufacturer	Scania
Model	R420CB6X4ENZ
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	11705

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	H 400001102 MKF
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMAD SYAFFIE BIN ABDUL RAHMAN
NRIC No	SXXXX1000



Accident report: 00000000000000000000000000000000

Date Of Birth	24/01/1978
Occupation	Owner
Date Of Driving Pass	11/11/1999
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91574882
Alt. Phone Number	-
Email Address	Ope247@huatong.com
Address	BLK 103 WOODLANDS STREET 13
Address complement	#02-224
Postcode	730103
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	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 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

I WAS TRAVELLING STRAIGHT ALONG ATTAP VALLEY ROAD AT THE RIGHT LANE WHEN SUDDENLY THE VEHICLE SLW1241B FROM THE LEFT LANE CUT ABRUPTLY INTO MY LANE AND STOPPED AT THE MIDDLE OF THE ROAD AS THERE WERE VEHICLE STOPPING WAITING TO TURN RIGHT INTO SENOKO DRIVE. DUE TO THE SUDDEN ACTION OF SLW1241B, I COULDN'T REACT IN TIME AND RESULTED A COLLISION IN BETWEEN THE REAR RIGHT PORTION OF THE VEHICLE SLW1241B WITH THE FRONT LEFT PORTION OF MY VEHICLE. THE DRIVER OF SLW1241B ADMITTED THAT HE CUT INTO MY PATH SUDDENLY.

#### 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	SLW1241B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver  
Passport No/FIN  
Contact Number  
Address

ANDREE SCHMIDT  
FXXXX454Q  
(Phone) +65-82333054

Address complement  
Postcode

Insurance Company Name  
Nature Of Damage

Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
-  
-  
-  
-  
-

## SKETCH PLAN

### 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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. The 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.
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

B-5LW1X418  
A-XD3892S

