

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 19/01/2022 18:04 (SGT)
Date of Accident 18/01/2022 09:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF NEW MARKET ROAD AND HAVELOCK ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP5033S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNI-TAT ICE & MARKETING PTE LTD
Company Reg No 1XXXXX736C
Email Address chiakc@iceman.com.sg
Mobile Phone No (Phone) +65-67448484
Alternative Phone No +65-86199471

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU700R-HKFMS3
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 4009

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number B 400000964 MKF
Cover Note Number -

DRIVER

Name of Driver JIN YANGYANG
Passport No/FIN GXXXX254L

Date Of Birth	09/06/1986
Occupation	Outdoor
Date Of Driving Pass	08/01/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-86199471
Alt. Phone Number	-
Email Address	chiakc@iceman.com.sg
Address	51 UBI AVENUE 1
Address complement	#01-26
Postcode	408933
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 - Cross Junction
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

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	SHA1600L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	P PANIRCHELVAN
NRIC No	SXXXX297B
Contact Number	(Phone) +65-93837464
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

Witnessed by Reporting Centre Personnel



A = YP 5033 S
B = SHA 1600 L

Junction of New Market Road and Havelock Road

Describe Circumstances of the Accident

We are making this Accident Report today, 19/1/2022 at 1730 hrs because the other party initially wanted to settle privately with our company and called us not to report on the Accident. But as the Damages is too great, he cannot pay for the cost of repair, he requested that we will have to lodge this Accident Report today.

The Accident happens on 18/1/2022 at 9.30am at the junction of New Market Road and Havelock Road

I am the Driver, Tin Tang Tang, ID No G2358254L Driving my Company Vehicle YP5033S, performing my daily deliveries to our Customers.

I am driving my vehicle straight and the tax, SFA 1600L left side banged onto my Right side, damaging the Right Door, headlights (Right side) and signal light. Without noticing that the traffic was Red on his lane and banged onto my vehicle.

I have the right of way as the traffic lights was Green when I was driving straight.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

R 19/1/2022

Witnessed by Reporting Centre Personnel















