

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 26/01/2022 15:55 (SGT)
Date of Accident 25/01/2022 15:57 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP ROAD FROM CTE TOWARDS PIE (CHANGI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM6895C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HATTA BIN SIKIN
NRIC No SXXXX507I
Email Address hattasikin63@gmail.com
Mobile Phone No (Phone) +65-94512756
Alternative Phone No +65-94512756

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb190x
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 184

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number MSD/VMS/21-421538-CA
Cover Note Number -

DRIVER

Name of Driver HATTA BIN SIKIN
NRIC No SXXXX507I

Date Of Birth	19/10/1963
Occupation	Outdoor
Date Of Driving Pass	18/03/1987
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94512756
Alt. Phone Number	+65-94512756
Email Address	hattasikin63@gmail.com
Address	108C CANBERRA WALK
Address complement	#04-19
Postcode	753108
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL5416P
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	DHANABAL KAMALANATHAN
NRIC No	SXXXX008H
Contact Number	(Phone) +65-92271702
Address	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN6128G
Vehicle Manufacturer	Hino
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PERIYATHAMBI VEERAKUMAR
Passport No/FIN	GXXXX151X
Contact Number	(Phone) +65-90145253
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

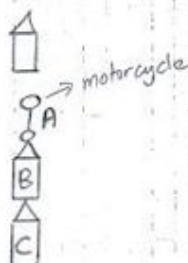
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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	 26/01/2022 Driver's Signature (If driver is not the policyholder) / Date & Time	 26/01/2022 Witnessed by Reporting Centre Personnel
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Sketch Plan

A = FBM 6895C
 B = GBL 5416 P
 C = YN 6128 G
 Slip road from CTE
 towards PIE (Changi)



Describe Circumstances of the Accident

I was travelling on the stated venue and my front vehicle stop so i followed suit.
 While my vehicle was stationary, i checked the side mirror and saw the vehicle behind of me which is vehicle B is also stopping too. Then suddenly i felt an impact from behind. ~~It~~^{It} was Vehicle C that had bang onto vehicle B and pushes forward and hit onto my vehicle.

Declaration

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

26/01/2022  26/01/2022
 Witnessed by Reporting Centre Personnel





















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: SL0X221Q0001 Vehicle Registration No: FBM 6895C
 Name (as shown in NRIC): Hatta Bin Sikin NRIC/FIN/Passport No: S1583507I
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 108C Canberra Walk #04-19 Singapore (753108)
 Contact (Tel): _____ Mobile No.: 9451 2756
 Email Address: hattasin63@gmail.com
 Date of Accident: 25/01/2022 Time of Accident: 15:57
 Place of Accident: Slip road from CTE towards PIE (Changi)
 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:

1) Type of Coverage : (F) Third Party Fire and/or Theft

Policyholder / Driver's Signature
Date:


 Reporting Centre Personnel's Signature
 Name: Renee
 NRIC/FIN No.: _____
 Date: 27/01/2022