

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	08/02/2022 17:16 (SGT)
Date of Accident	03/02/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 531 UPP HOKKIEN ST MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3930R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Company Reg No	1XXXXX681M
Email Address	sianghockholding@yahoo.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	+65-98792002

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097512MFBP/7
Cover Note Number	-

DRIVER

Name of Driver	SHAIFUL RAMADAN BIN DAUD
NRIC No	SXXXX861I

Date Of Birth	17/08/1979
Occupation	Outdoor
Date Of Driving Pass	29/03/2011
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98590069
Alt. Phone Number	-
Email Address	sianghockholding@yahoo.com.sg
Address	BLK 287 TAMPINES ST 22
Address complement	#02-354
Postcode	520287
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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**IMPORTANT NOTICE**

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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.

Policyholder's Signature
Date & Time:



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

Date & Time: 03/02/22
1852hrs

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

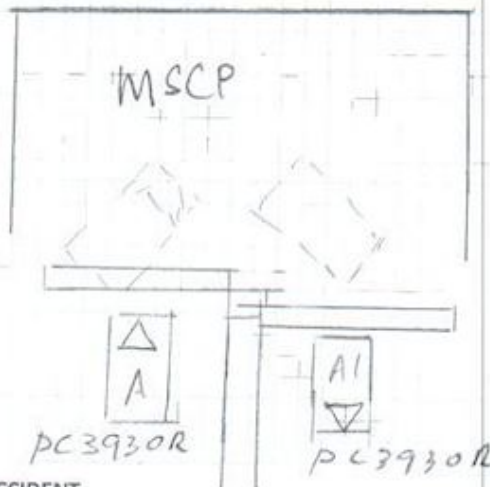
08/02/22

SKETCH PLAN

531 UPP HOKKIEH ST

A - PC 3930R

B - UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I SGT 43569 SHARUL RAMADAN WAS ASSIGNED TO ISSUE LOU (PI) TO MULTIPLE LOCATIONS STARTING AT BLK 535 UPP CROSS ST. I LEFT BASE (CW) @ 1354HRS AND ARRIVED AT BLK 531 MSCP VIA UPP HOKKIEH ST. AS I TURNED LEFT INTO THE CARPARK I NOTICED THAT THE CARPARK ENTRANCE IS QUITE LOW AS I WAS DRIVING A HIGH ROOF VAN (PC 3930R). BEHIND ME THERE WAS ANOTHER VEHICLE CLOSE TO MY REAR. AS I HAVE NO CHOICE BUT TO ENTER THE CARPARK SLOWLY AND MAKE A 3-POINT TURN TO EXIT THE CARPARK. AS I WAS DOING THAT I DAMAGED THE CARPARK LIGHT AND AN ATTACHED PIPE AT THE CEILING AND DAMAGED MY VEHICLE TOO. AFTER I EXIT THE CARPARK I PARKED AT THE SIDE OF THE ROAD ALONG UPP HOKKIEH ST AND WALKED BACK TO TAKE FEW PHOTOS OF THE DAMAGES AND REPORTED. THAT'S ALL

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

Date & Time: 03/02/22
12524HRS

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

shym 08/02/22











