

## 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 Actual 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 ..... 11/02/2022 18:23 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 29/01/2022 13:00 (SGT)  
Exact Location of Accident ..... 1022 Upper Serangoon Rd, Singapore 534760  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJX9993E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SUBRAMANIAM S/O KARUPPIAH  
NRIC No ..... SXXXX115C  
Email Address ..... icnbs.sabrina@gmail.com  
Mobile Phone No ..... (Phone) +65-83039773  
Alternative Phone No ..... +65-83039773

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Camry  
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 ..... Private car  
Transmission ..... Auto  
CC ..... 1998

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300375233 QMX

#### DRIVER

Name of Driver ..... SIVAPRAKASH S/O SUBRAMANIAM  
NRIC No ..... SXXXX413F  
Date Of Birth ..... 18/09/1975  
Occupation ..... Indoor

Date Of Driving Pass .....	21/03/2020
Driving experience .....	1 YEAR AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83039773
Alt. Phone Number .....	-
Email Address .....	icnbs.sabrina@gmail.com
Address .....	BLK 567 PASIR RIS ST 51
Address complement .....	#10-94
Postcode .....	510567
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	KARTHIK A/L SIVA
Gender .....	Male

#### PASSENGER 2

Name .....	ELIJAH SELVARAJU
Gender .....	Male

#### PASSENGER 3

Name .....	SABRINA HEMALA JOSEPH DASS
Gender .....	Female

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMU6993E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SMM3839E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... ELIJAH SELVARAJU  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... SJX9993E  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... SABRINA HEMALA JOSEPH DASS  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SLIGHT  
Injured person in which vehicle? ..... SJX9993E  
Were seat belts worn? ..... -

Was this injured conveyed to hospital by ambulance? ..... No

# **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 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. 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**

C	A = SSX 9993 E
A	B = SMW 6993 E
B	C = SMW 3839 E
	1022 UPPER SERANGGAI RD



ON THE STATED TIME & DATE, I WAS TRAVELLING  
ALONG 1222 UPPER SERANGGON ROAD. AS THE VEHICLE INFRONT  
BEGIN SLOWING DOWN, I FOLLOWED, OUT OF A SUDDEN I FELT  
A HUGE IMPACT FROM THE REAR CAUSING MY VEHICLE  
TO MOVE FORWARD AND COLLID INTO THE FRONT VEHICLE.  
I GOT DOWN AND REALIZE I WAS INVOLVE IN A  
3 CAR CHAIN COLLISION.

We declare the foregoing particulars are true in every respect.

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: SL0X222B0001 Vehicle Registration No: 3JX 9993E  
 Name (as shown in NRIC): SIVAPRAKASH SUBRAMANIAM NRIC/FIN/Passport No: 37528413F  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Block 567, #10-94, PASIR RIS ST 51 Singapore (510967)  
 Contact (Tel): / Mobile No.: 98269704  
 Email Address: icnbs.sabrina@gmail.com  
 Date of Accident: 29TH JAN' 2022 Time of Accident: 13:00 (SGT)  
 Place of Accident: 1022 UPPER SERANGOON ROAD, 3 (534760)  
 Insurance Company: \_\_\_\_\_

**(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:

Change of email address. "ICNBS.SABRINA@GMAIL.COM"

---

---

---

---

---

---

---

---

[Signature]  
 Policyholder / Driver's Signature  
 Date:

[Signature] 04/08/22  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: