

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	11/05/2022 14:51 (SGT)
Date of Accident	10/05/2022 21:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(TUAS) KPE (TPE) SIMS AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9302T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YCP PTE LTD
Company Reg No	2XXXXX167H
Email Address	tobytnjis@gmail.com
Mobile Phone No	(Phone) +65-92729990
Alternative Phone No	+65-92729990

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300358465 MKC
Cover Note Number	-

DRIVER

Name of Driver	BEPARI MD SHAKIL
Passport No/FIN	GXXXX582Q

Date Of Birth	17/02/1992
Occupation	Outdoor
Date Of Driving Pass	25/03/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92729990
Alt. Phone Number	-
Email Address	tobytnngis@gmail.com
Address	12 SHAW LODGE DORMITORY #07-01
Address complement	-
Postcode	367951
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 - Change/cross lane
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BANDARU SRIVASA
Gender	Male

PASSENGER 2

Name	HOSSAIN MD NAZMUL
Gender	Male

PASSENGER 3

Name	PONNAIAH RAMALINGAM
Gender	Male

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

PLEASE REFER TO SKETCH PLAN

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	SLV3811Z
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)	-

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.



~~Signature~~

[Signature]
11/05/2022
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

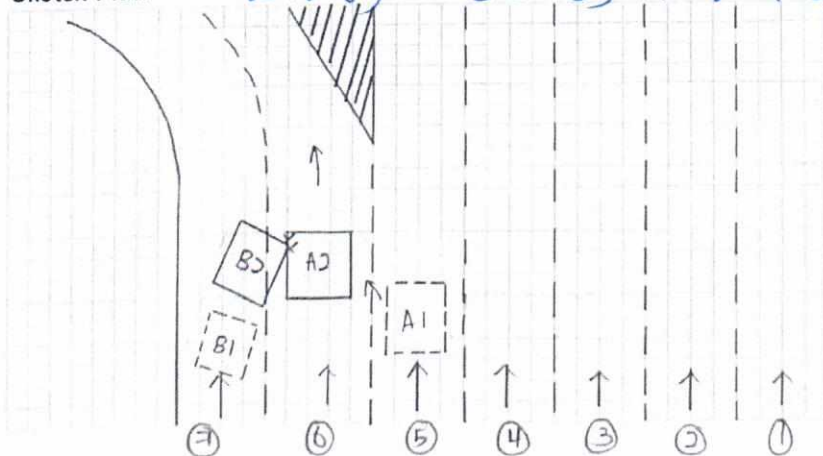
Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

PIE (7448) KPE (71PE) SIMS AVENUE

VEHICLE (A) GBJ 9302T

(B) SLV 3811Z



Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I'M DRIVING MY VEHICLE (A) GBJ 9302 J TRAVELLING ALONG PIE (TUAB) KPE (TPE) SIMS AVE, I'M DRIVING MY VEHICLE (A) ON LANE 5 AND I COMPLETED TO CHANGE THE LAHE TO LANE 6, SUDDENLY A VEHICLE (B) SLV 3811 Z FROM LANE 7 CUT LAHE TO LAHE 6 & HIT ONTO THE LEFT FRONT OF MY VEHICLE, AND MY VEHICLE WAS DAMAGED.

VEHICLE (A) GBJ 9302 J.

(B) SLV 3811 Z.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

X

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

11/05/2022
Witnessed by Reporting Centre Personnel

Date of Accident : 10/5/2022 Accident Time: 21:10 HRS (24-HR-Format)
 Accident Place : PIE (TUAS) KPE (TPE) SIMS AVE
 Vehicle No. (Car Plate No.) : GBJ 9302T Make/Model: TOYOTA DYNA
 Insurance Company : M SIG Policy No: A 300358465 MEC
 Owner or Company Name /IC No. : YCP PIE LTD (201227167H)
 Owner or Company Contact No. : 9272 9990 Owner's Hp 9272 9990 Company Tel
 DRIVER'S Name / IC No. : BEPARI MD SHAKIL (G 68655826)
 DRIVER'S Date Of Birth : 17/02/1990 DRIVER'S License Pass Date 25/03/2022
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 12, SHAW LODGE DORMITORY #07-01 S1367951
 DRIVER'S Contact No./ Alt No. : 1) 9272 9990 2) 9272 9990
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : TOBYTINGIS @ GMAIL .COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 04
 Was there any video Captured by car camera: YES \ (NO) .
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>(B) SLV 3811Z</u>	Vehicle. No: _____
Vehicle Make \Model: _____	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

• **NEW - Passenger's name & gender:**

- ① BANDARU SRINIVASA RAO - MALE
- ② HOSSAIN MD NAZMUL - MALE
- ③ PONNAIAH RAMALINGAM - MALE .



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co Reg No. 200412212G GST Reg No. 20 0412212G
A Member of **MSSAD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

**COMMERCIAL VEHICLE
Comprehensive**

Certificate No. A 300358465 MKC

Excess : SGD1,000

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
GBJ9302T
2. **Name of Policyholder**
YCP Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
03/10/2021
4. **Date of Expiry of Insurance**
02/10/2022
5. **Persons or Classes of Persons entitled to drive***
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. **Limitations as to Use ***
Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover
(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Craig Ellis
Chief Executive Officer