

# 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 ..... 10/05/2022 17:33 (SGT)  
Date of Accident ..... 08/05/2022 12:15 (SGT)  
Exact Location of Accident ..... 51 Yishun Ave 11, Singapore 768867  
Additional Location Information ..... YISHUN PARK HAWKER LOADING BAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ2646M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MEDIACORP TV SINGAPORE PTE LTD  
Company Reg No ..... 199406087N  
Email Address ..... KLSOH@MEDIACORP.COM.SG  
Mobile Phone No ..... (Phone) +65-98733535  
Alternative Phone No ..... +65-98733535

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NPR75UK5W D/CAB AMT  
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 ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D-22099058MFCV/5  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... PAPUSMY S/O K RAMALINGAM  
NRIC No ..... S0188607Z

Date Of Birth .....	23/01/1954
Occupation .....	Outdoor
Date Of Driving Pass .....	15/10/1985
Driving experience .....	36 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93823049
Alt. Phone Number .....	-
Email Address .....	KLSOH@MEDIACORP.COM.SG
Address .....	BLK 501A WELLINGTON CIRCLE #04-38
Address complement .....	-
Postcode .....	751501
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 .....	Side Swipe
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

AT ABOUT @1215HRS I WAS REVERSING AT LOADING BAY VEH NO YQ 2646M AND VEH GBD 1972 T DRIVE BEHIND MY VEH AND I HEARD A SOUND ANS SAW BEHIND WAS HEAT

#### 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 .....	GBD1972T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
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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7. By the lodgment 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.
  - (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

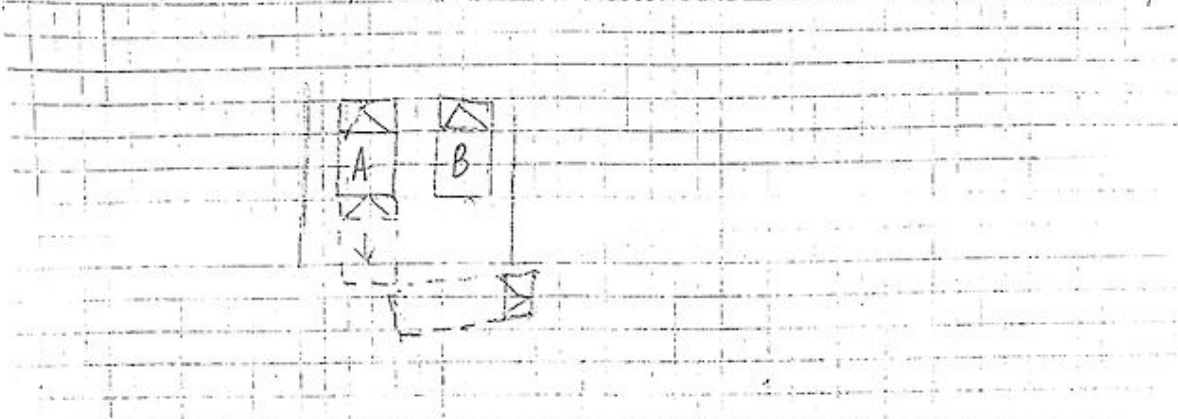
10/5/22 16:07 hrs  
MediaCorp TV Singapore Pte Ltd  
1 Stars Avenue  
Singapore 138507

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

Reporting Centre Personnel's Signature  
Name: Jevs  
NRIC/FIN No.: S077 X9467

SKETCH PLAN

Date & Time of Accident: 08/05/22 12:15pm Location: YISHIN PARK HUNTER CENTRE/LOADING  
 Veh A: YQ 2646 M Veh B: GRD 1972 T Veh C/Others: BA7



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ABOUT 12:15PM I WAS REVERSING AT LOADING VEH NO YQ 2646 M  
 AND VEH GRD 1972 T DRAFT BEHIND MY VEH AND I HEARD A SOUND  
 AND SAW BEHIND WAS HEAT.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM  
 UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☐ TP Claim at Lim Tan Motor  
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only


I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-


My/Our workshop via email : \_\_\_\_\_

My/Our email : \_\_\_\_\_

DECLARATION

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

  
 Policyholder's Signature Date  
 MediaCorp TV Singapore Pte Ltd  
 1 Stars Avenue  
 Singapore 138507

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

  
 Reporting Centre Personnel's Signature  
 Name: Vers  
 NRIC/FIN No.: 16 92 2099 15

























