

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 06/06/2022 16:23 (SGT)
Date of Accident 06/06/2022 09:50 (SGT)
Exact Location of Accident Woodlands Terrace, Singapore
Additional Location Information near No 25 Woodlands Link behind building
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ6495E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Ken Hoe Seng Co
Company Reg No 0XXXX200M
Email Address khSCO@singnet.com.sg
Mobile Phone No (Phone) +65-93692982
Alternative Phone No +65-93692982

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
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 2998

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300563121 MKC
Cover Note Number -

DRIVER

Name of Driver Israelvell S/O Subramaniam
NRIC No SXXXX134C

Date Of Birth	10/09/1995
Occupation	Outdoor
Date Of Driving Pass	12/07/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93692982
Alt. Phone Number	-
Email Address	khsco@singnet.com.sg
Address	Blk 149 Bukit Batok West Avenue 6 #04-301
Address complement	-
Postcode	650149
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 - Opening Door of Vehicle
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

Please refer to the 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	XD1322J
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Fu Quan Cheng
Passport No/FIN	GXXXX924T
Contact Number	(Phone) +65-96826177
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:

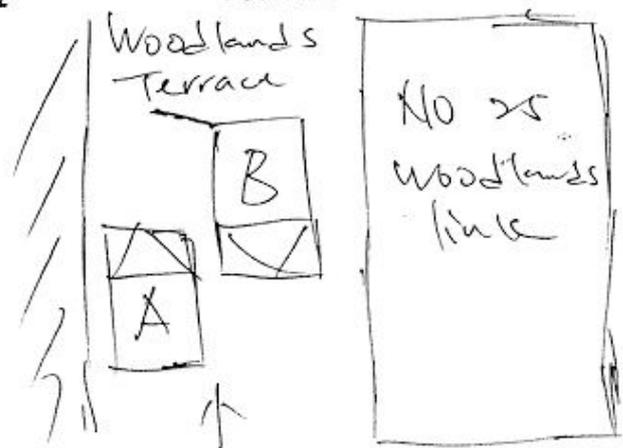
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
 Sketch Plan 6 JUN 2022

Driver's Signature (if driver is not the policyholder) / Date & Time
 - 6 JUN 2022

Witnessed by Reporting Centre Personnel
 Jenny Lim



Handwritten signature: Induwan Samin

Describe Circumstances of the Accident

On 06/06/2022 at about 0950 hrs, while I was driving my motor vehicle A YQ6495E along the road behind the building of No 25, Woodlands link. Suddenly the motor vehicle B XD 1322 J open the tail gate & the tail gate knock onto the front portion of my vehicle A YQ6495E. The vehicle B was parked along the opposite direction, when the attendace Mr. Fu Quan Sheng from the Company SLK Logistics P/L open the tail gate & he did not notice my vehicle A. The tail gate was too wide ~~size~~ thus the gate knock my vehicle A. I'm lodging this report to claim against the insurer of XD 1322 J. No one was injured.

Richard Summons

Declaration

We declare the foregoing particulars are true in every respect.

Richard Summons
 POLICYHOLDER'S SIGNATURE / DATE & TIME

Richard Summons
 DRIVER'S SIGNATURE (IF DRIVER IS NOT THE POLICYHOLDER) / DATE & TIME

Jenny Lim
 WITNESSED BY REPORTING CENTRE PERSONNEL

- 6 JUN 2022

- 6 JUN 2022

Jenny Lim