

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	19/07/2022 14:50 (SGT)
Reported by	Driver
Date of Accident	18/07/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 3 (OPPOSITE ESSO / IND'L PK 2)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4744E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE SALVATION ARMY
Company Reg No	T07CC3012G
Email Address	isaac.lim@smm.salvationarmy.org
Mobile Phone No	(Phone) +65-90047979
Alternative Phone No	(Office) +65-68502273

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Bus
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 400001197 MKF

DRIVER

Name of Driver	SELVA RAJ S/O CHANDRAHASON
NRIC No	S1632219I
Date Of Birth	06/10/1964
Occupation	Outdoor

Date Of Driving Pass	09/06/1987
Driving experience	35 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91110527
Alt. Phone Number	-
Email Address	isaac.lim@smm.salvationarmy.org
Address	BLK 137 PETIR ROAD #04-432
Address complement	-
Postcode	670137
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 - Head to Rear
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)	3
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	SAFYA
Gender	Female

PASSENGER 2

Name	REINA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

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	SMQ2271C
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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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

19/7/22

ISAAC LIM

Policyholder's Signature / Date & Time

Gracehaven - The Salvation Army

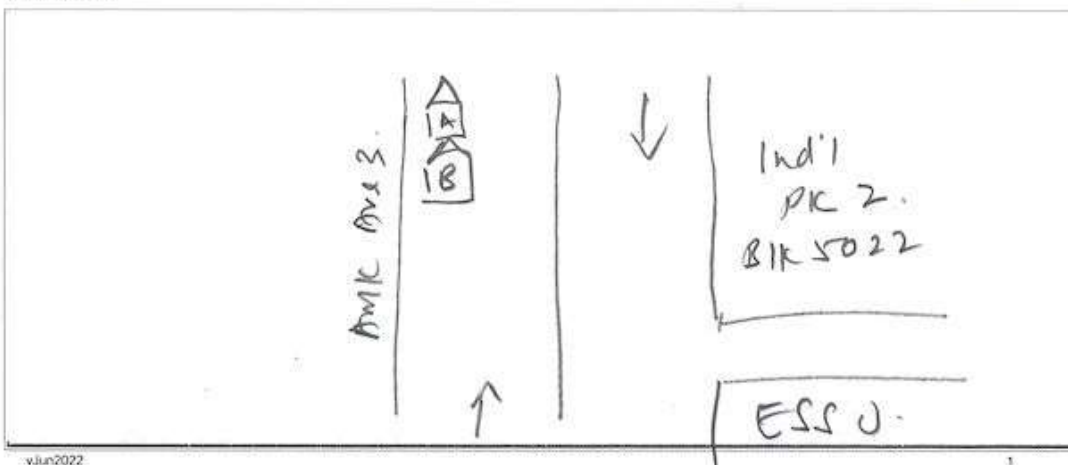
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

FALCON AIR

Salgreh

Sketch Plan



vJun2022

Describe Circumstance of the Accident

Refer Police Report

Declaration

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

(A) LHL 19/7/22

ISAAC LIM
Operations Manager
Gracehaven - The Salvation Army

Ref.

Policyholder's Signature / Date & Time

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

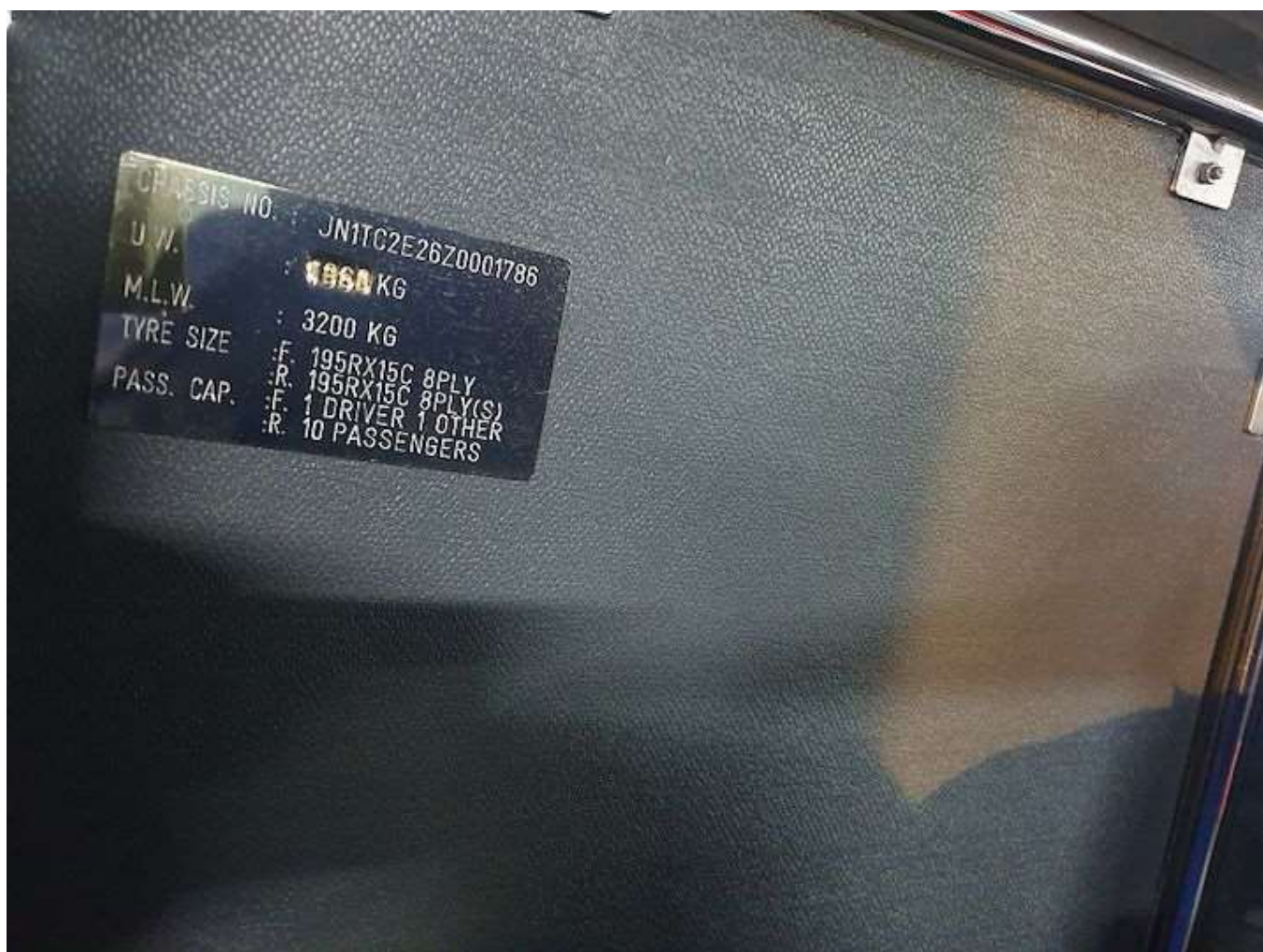
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)













**SINGAPORE
POLICE FORCE**



F/20220718/2065

1 of 2

POLICE REPORT (NP299)

Report No. F/20220718/2065

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 18/07/2022 16:24	Vide Report No.	Station Diary No. 49
Name Of Informant SELVA RAJ S/O CHANDRAHASON	Address APT BLK 137 PETIR ROAD #04-432 SINGAPORE 670137	
ID Type / ID No. NRIC NO / S1632219I	Contact No. Home/Office	Mobile 91110527
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Van driver	Sex Male	Age 57
Institution/School Name	Date of Birth 06/10/1964	Race Indian
	Language	
Date/Time Of Incident 18/07/2022 14:20	Location Of Incident Ang Mo Kio Ave 3 towards CTE	

Brief details.

On 18/07/2022 at about 1420hrs I was driving my company Van PC4744E along Ang Mo Kio Avenue 3 opposite Esso Petrol station opposite industrial Park of Blk 5022, when a car SMQ2271C hit the rear of my company van PC4744E.

No one was injured. The rear of my company van PC4744E was damaged. I am lodging this report for insurance purpose.

These are the particulars of the car driver:

Signature Of Officer Recording The Report: F / SR STAFF SGT MUHAMMAD SHAHRUL AMEEN BIN ABDULLAH SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2022 16:24
Officer In-Charge Of Case: F / Serangoon N.P.C / SR STAFF SGT MURALI RAJ S/O UNBALAGAN Contact No.: 64880999	Classification Of Case:

**SINGAPORE
POLICE FORCE**

F/20220718/2065

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220718/2065

Farisudin Bin Mohamed
S8519921H
HP: 93226461

Signature Of Officer Recording The Report:

F / SR STAFF SGT MUHAMMAD
SHAHROL AMEEN BIN ABDULLAH
SANI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/07/2022 16:24

Officer In-Charge Of Case:
F / Serangoon N.P.C /
SR STAFF SGT MURALI RAJ S/O UNBALAGAN
Contact No.: 64880999

Classification Of Case: