

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	04/08/2022 16:26 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN ANAK BUKIT FLYOVER TOWARDS DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ8574G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KAIIOUSEI ENTERPRISE PTE LTD
Company Reg No	200401463R
Email Address	JENNIFERX4325@GMAIL.COM
Mobile Phone No	(Phone) +65-65354566
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 300354931 MKC

DRIVER

Name of Driver	MOHD ALI BIN NOORDIN
NRIC No	S1389543J
Date Of Birth	20/03/1959
Occupation	Outdoor

Date Of Driving Pass	28/09/1991
Driving experience	30 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82625447
Alt. Phone Number	-
Email Address	JENNIFERX4325@GMAIL.COM
Address	BLK 283 YISHUN AVE 6 #10-150 S760283
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	DIZZLING
Road Surface	Wet

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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER REPORT ATTACHED

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	SMB1512T
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 YN1396G
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial 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) -

Describe Circumstances of the Accident


On 08/08/2022 at about 1600hrs, I was travelling along Jalan Anak Bukit Flyover towards Aunearn Road on lane 3. It was drizzling and slow traffic. All vehicles driving slowly in our individual lanes.

Out of a sudden, the vehicle in front of me emergency braked. I stepped on my brake immediately and managed to stop in time.


Unfortunately, Vehicle B braked me from behind. Due to the impact, I inched forward and hit the vehicle in front.

Declaration

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

 kaiousel enterprise pte ltd
GST Reg No. 20-0401463-R
RCB No: 200401463R

Policyholder's Signature / Date & Time

 4/8/22
3:20pm
Driver's Signature (if driver is not the policyholder) / Date & Time
4/8/2022
1600hrs


Witnessed by Reporting Centre Personnel
4/8/2022
1600hrs

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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kaicouei enterprise pte ltd
GST Reg No. 20-0401463-R
RCF No. 2001011512
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
1600/pmr
4/8/2022

Witnessed by Reporting Centre Personnel
4/8/2022
1600

Sketch Plan

