

# 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 ..... 15/08/2022 10:55 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 12/08/2022 14:28 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE(CHANGI)@THOMSON FLYOVER  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG539C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JIN HOE HENG TRADING PTE LTD  
Company Reg No ..... 1XXXXX535M  
Email Address ..... jinhoeheng@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-67423817  
Alternative Phone No ..... -

### 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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2488

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300318114 MKC

### DRIVER

Name of Driver ..... TAY KIM LEONG  
NRIC No ..... SXXXX290J  
Date Of Birth ..... 20/09/1969  
Occupation ..... Outdoor

Date Of Driving Pass .....	17/08/1987
Driving experience .....	35 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97263702
Alt. Phone Number .....	-
Email Address .....	tay6933@yahoo.com.sg
Address .....	BLK 335B ANCHORVALE CRES
Address complement .....	#03-82
Postcode .....	542335
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 .....	Clear
Road Surface .....	Dry

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	GBD8427E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MOHAMAD FIRDAUS BIN MOHAMED AMIR
NRIC No .....	SXXXX338I

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 .....	GBC525M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	PALOWAN SAJIB
Passport No/FIN .....	GXXXX986M
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.



Policyholder's Signature / Date & Time

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

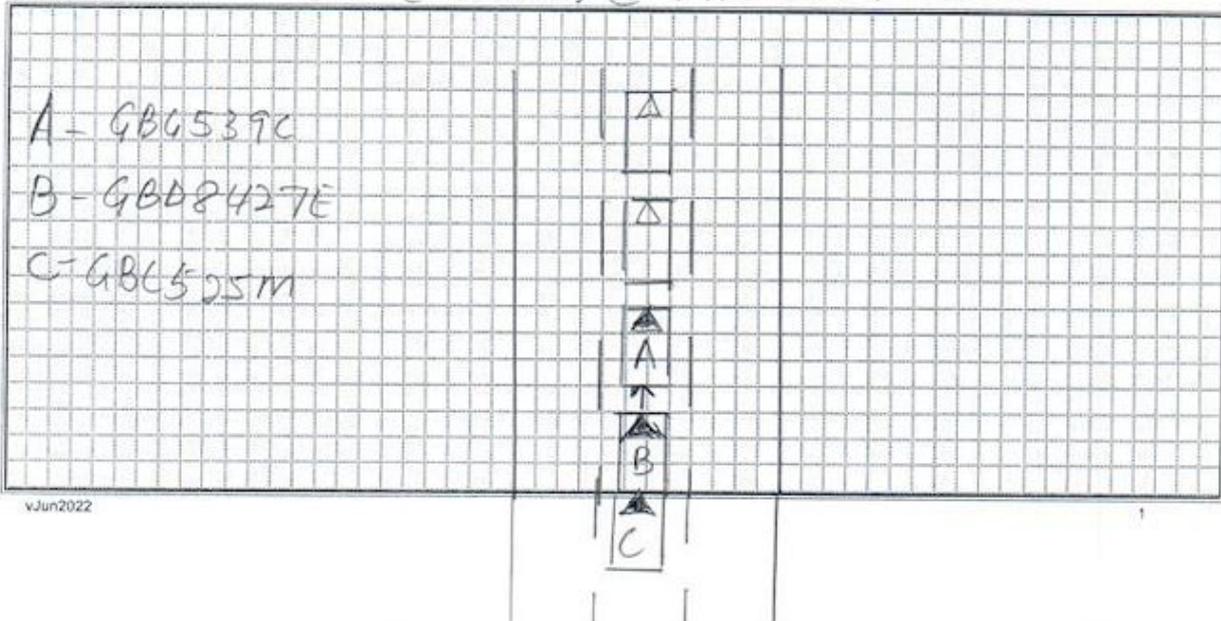
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

*[Handwritten Signature]* 12-08-22

*[Handwritten Signature]* 15/08/22

Sketch Plan

PIE (CHANGI) @ THOMSON FLYOVER



vJun2022

Describe Circumstance of the Accident

my veh was stationary at the 2nd lane of  
 PIE (CHANGI) @ Thomson Flyover. Suddenly i  
 felt the impact from my rear. I came out  
 I was involved in a chain collision of 3  
 vehicles. Veh c hit into veh B due to  
 the impact veh B being pushed forward and  
 hit onto my rear portion of my veh.

Declaration

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



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)

*[Handwritten Signature]* 12-08-22

*[Handwritten Signature]* 15/08/22











NISSAN MOTOR CO., LTD. JAPAN

型式  
TIPO

MC2E26  
JN1MC2E26Z0007846  
MVL2RDRE26KW3GBR-D

CHASSIS NO.  
NO. DE CHASIS

MODEL  
MODELO

カラー・COLOR, TRIM  
ノリ・COLOR, GUARNICION

エンジン  
ジーン・MOTOR

ミッション・TRANS., AXLE  
アックスル・TRANS., EJE

K51 W  
YD25 2488 cc  
RS5R91B CA41

工場 PLANT  
PLANTA  
日産自動車株式会社  
MADE IN JAPAN



JN1MC2E26Z0007846

