

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	08/09/2022 11:28 (SGT)
Reported by	Both
Date of Accident	07/09/2022 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU2946T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAMRAN QAMAR
NRIC No	S2742251I
Email Address	KAMRANQAMAR01@GMAIL.COM
Mobile Phone No	(Phone) +65-91060844
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
Variant	NISSAN X-TRAIL
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	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A80480863QMX

DRIVER

Name of Driver	AMNA KAMRAN
NRIC No	S7064970E
Date Of Birth	04/01/1970
Occupation	Indoor

Date Of Driving Pass	02/12/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97886198
Alt. Phone Number	-
Email Address	amnakamran2014@gmail.com
Address	25 ANDERSON ROAD
Address complement	05-05
Postcode	259986
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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
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 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	PC3442H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	M.AZLAN BIN AB AZIZ
Contact Number	(Phone) +65-97891196

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SMU 2946 T

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.

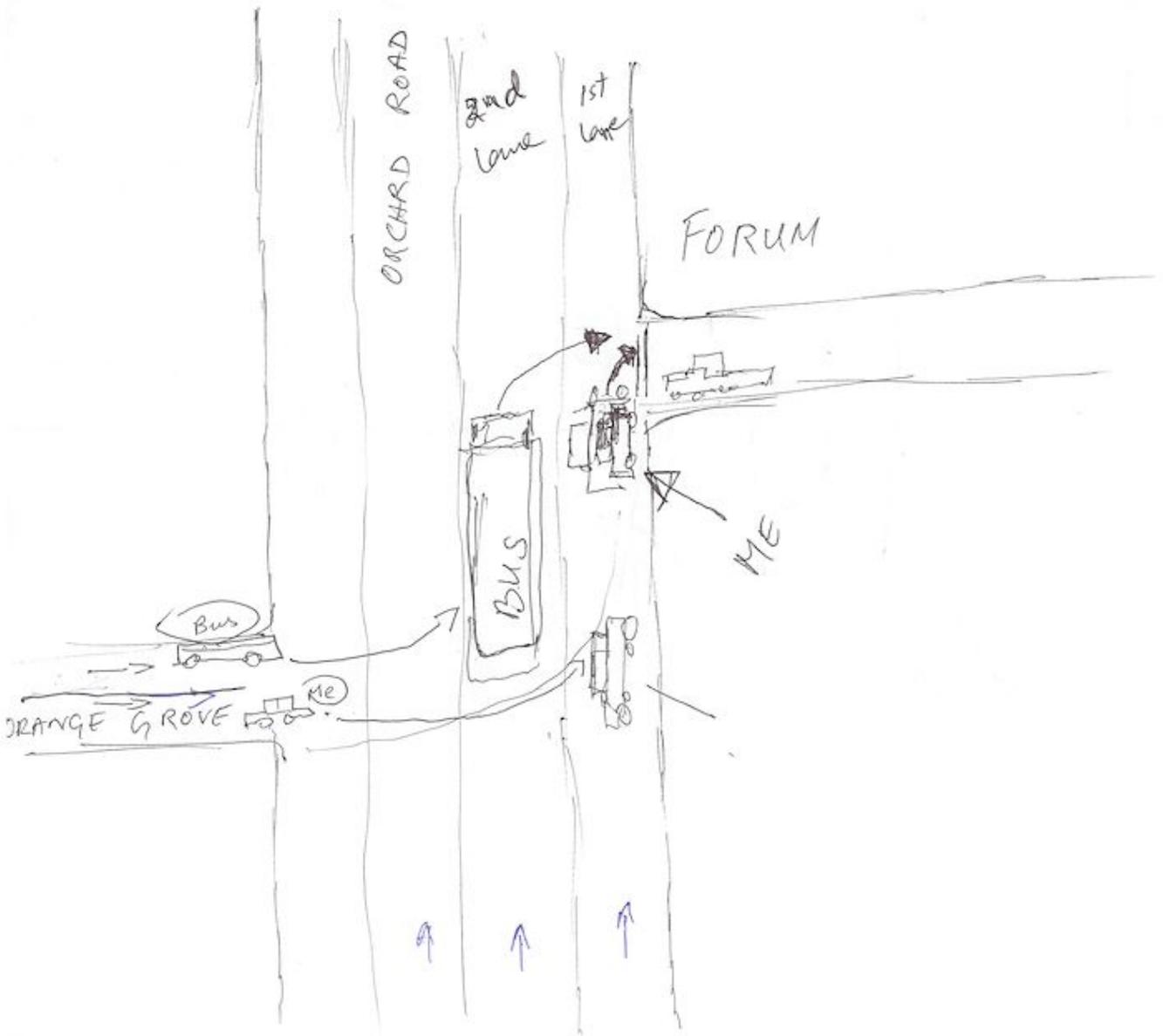

 Policyholder's Signature / Date & Time 08.09.2022
 Sketch Plan 10.10 a.m


 Driver's Signature (If driver is not the policyholder) / Date & Time 08.09.2022
10.10 a.m


 Witnessed by Reporting Centre Personnel

Refer to attach:

Handwritten signature
Handwritten signature
Handwritten signature



Describe Circumstances of the Accident

Accident Location: FRONT OF FORUM MALL ON ORCHARD ROAD
 Accident Date: 07.09.2022 Time: 2.40 am/pm
 Owner Email: kamranqamar01@gmail.com Driver Email:

At around 2.40 pm I was driving to fetch my daughter from school. I was about to turn right from Orchard Road towards forum mall when a bus from the 2nd lane also turned right and in the process hitting the front ^{left} part of my car.

I had come onto Orchard Road from Orange Grove Road. I approached Orchard from the right lane as I had to turn right towards forum. The bus also went onto Orchard Road from Orange Grove Road but from the left lane. The bus driver also tried to turn right towards forum mall but from the 2nd lane instead of the extreme lane where I was trying to turn right.

OTHER VEHICLE NO INVOLVE DETAILS :-

B Veh No: PC 3442H Hp: 9789119.6 Total Pax: Driver Name: M. AZLAN BIN AB AZIZ
 C Veh No: Hp: Total Pax: Driver Name:

Declaration

We declare the foregoing particulars are true in every respect


 Policyholder's Signature / Date & Time
 08.09.2022


 Driver's Signature (if driver is not the policyholder) / Date & Time
 08.09.2022


 Witnessed by Reporting Centre Personnel





























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: STOS22980002 Vehicle Registration No: SMU 2946T
 Name (as shown in NRIC): KAMAAN RAMAR NRIC/FIN/Passport No: S2742251I
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 25 ANDERSON ROAD, 05-05 AVALON Singapore (259986)
 Contact (Tel): _____ Mobile No.: 9106 0844
 Email Address: Kamranqamar01@gmail.com
 Date of Accident: 07-09-2022 Time of Accident: Around 2.40 P.M.
 Place of Accident: ORCHARD ROAD (FRONT OF FORUM MALL)
 Insurance Company: MSIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

CLAIM FROM 3rd PARTY



 Policyholder / Actual Driver's Signature



 Reporting Centre Personnel's Signature