# **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 witholding 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.

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   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 08/11/2022 17:33 (SGT) Reported by Date of Accident 07/11/2022 20:10 (SGT) Exact Location of Accident Braddell Rd, Singapore Additional Location Information BRADDELL ROAD SLIP ROAD TO LOR 6 TOA PAYOH Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SNF8289J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MOHAMED ALI S/O SHAIK RAHAMATULLA NRIC No S1631887F Email Address SHAIK\_MOHD\_ALI@YAHOO.COM.SG Mobile Phone No (Phone) +65-98312301 Alternative Phone No +65-98312321

VEHICLE PARTICULARS

Manufacturer

Model Vezel Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 1498

**INSURANCE COMPANY** 

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number P90334468 DMA

DRIVER

Name of Driver BURHANUDDIN BIN MOHAMED ALI NRIC No S9635958F Date Of Birth 10/10/1996 Occupation Indoor

Date Of Driving Pass 19/04/2016 Driving experience 6 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90694185 Alt. Phone Number Email Address SHAIK\_MOHD\_ALI@YAHOO.COM.SG Address 46 LORONG 5 TOA PAYOH Address complement #03-91 Postcode 310046 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 SHC8181Y Vehicle Manufacturer Vehicle Model

Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Tax
Name of Driver	-
Contact Number	(Ph

(Phone) +65-92997428

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

#### SKETCH PLAN

## IMPORTANT NOTICE

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- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Formby 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.
- The 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 ladgement 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)

lunderstand, 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 yerslaw 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;
- (ii) 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.

Describe Circumstances of the Accident
ON 7/11/22 @ ABOUT 8: 10PM, I WAS DRIVING
ALONG BRADDELL ROAD SUP ROAD, PREPARING TO
EXIT ONTO LOR 6 TOA PAYOH, IN MY VEHICLE
SNF 8289J. I SLOWED DOWN & STOPPED WHILE
WAITING FOR TRAFFIC CLEARANCE. SUPPENLY I FELT
AN IMPACT & REALIZED VEHICLE SHC 81814 COLUDED
NTO MY VEHICLE'S REAR PORTION. NO INJURIES.
NO PASSENGERS.
Declaration
We declare the foregoing particulars are true in every respect.  Strife 2 8/11/22
Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date A Time Witnessed by Reporting Centre Personnel











MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, 5GX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of MSSAD INSURANCE GROUP

## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 20 19 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

# DRIVESHIELD - PREMIER Comprehensive

Certificate No. P 90334468 DMA

Excess : SGD500 Windscreen Excess : SGD100

 Index Mark and Registration Number of Vehicle SNF82891

2. Name of Policyholder

Mohamed Ali s/o Shaik Rahamatulla

 Effective Date of the Commencement of Insurance for the purposes of the Act 24/06/2022

4. Date of Expiry of Insurance

15/05/2023

5. Persons or Classes of Persons entitled to drive\*

Mohamed Ali s/o Shaik Rahamatulla

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use \*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP.
REFER TO MSIG, COM.5G FOR LIST OF AUTHORISED WORKSHOPS.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment. Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Mack Eng Chief Executive Officer

SGSGNXT202206271701