

## 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 ..... 10/11/2022 09:56 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 08/11/2022 12:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 15 WOODLANDS LOOP  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ6495E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Ken Hoe Seng Co  
Company Reg No ..... 0XXXX200M  
Email Address ..... israelvell.j@gmail.com  
Mobile Phone No ..... (Phone) +65-67446990  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fuso  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2199

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A300563121MKC

#### DRIVER

Name of Driver ..... ISRAEL VELL S/O SUBRAMANIAM  
NRIC No ..... SXXXX134C  
Date Of Birth ..... 10/09/1995  
Occupation ..... Outdoor

Date Of Driving Pass .....	12/07/2018
Driving experience .....	4 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93692982
Alt. Phone Number .....	-
Email Address .....	israelvell.j@gmail.com
Address .....	BLK 149 BUKIT BATOK WEST AVE 6 #04-301
Address complement .....	-
Postcode .....	650149
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) .....	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

PLEASE REFER TO ATTACHED REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FRONT ONLY WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMH8450K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN ENG SIONG

NRIC No .....	SXXXX562B
Contact Number .....	(Phone) +65-92334665
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:

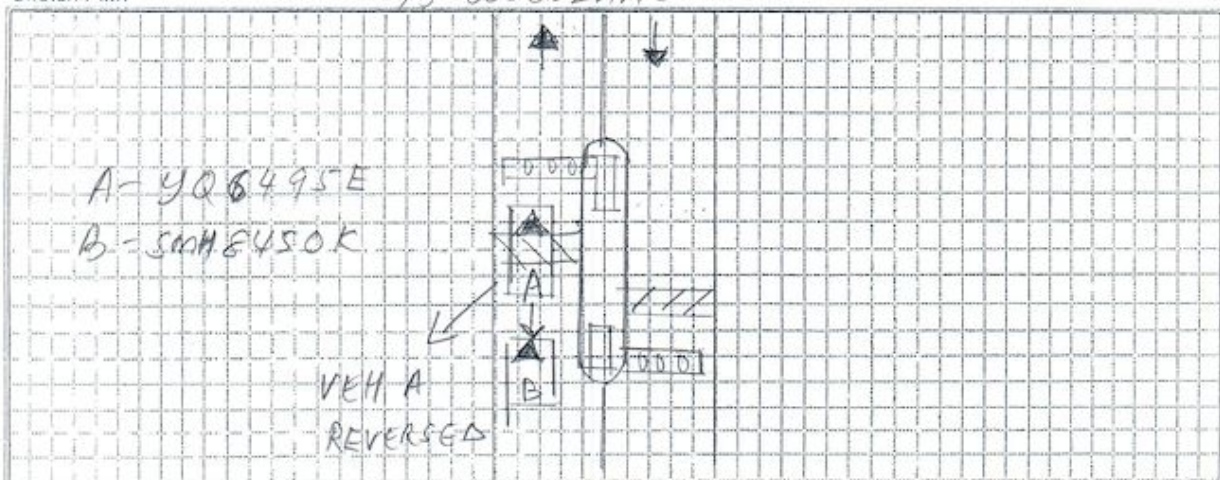
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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)

Sketch Plan



vJun2022

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Describe Circumstance of the Accident

15  
I was exiting after delivery from Woodlands Loop. The gantry didn't open so I had to reverse and move forward. When I started to reverse I heard a loud honk and I quickly ~~stopped~~ jammed the brake. ~~At~~ By the time I jammed the brake, the lorry touched the car bonnet leaving a dent. After that we alighted the vehicle and we exchanged particulars. The driver pointed out the bonnet and the number plate was damaged. There were other damages in his car which I confirmed with the driver that those were his previous accident. Only the bonnet dent and the number plate was caused by me. Initially he agreed for ~~private~~ private settlement. Then today 9 November 2022 at about 3.30pm they said they were report.

Declaration

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

**KEEN HOE SENG CO.,**  
59 UB, BIZLINK CENTRE  
SINGAPORE 408936  
TEL: 6744 8990 FAX: 974  
POLICYHOLDER'S SIGNATURE / Date & Time

*Wong* 09/11/22  
ACTUAL DRIVER'S SIGNATURE (if driver is not the policyholder) / Date & Time

*for* 10/11/2022  
WITNESSED BY REPORTING CENTRE PERSONNEL (Name as in NRIC/ID card)















CHASSIS NUMBER	
FEB/15EA 35139	
U.W :	2500 KG
M.L.W :	5600 KG
TYRE :	(F) 215 60R 17.5
SIZE :	(R) 215 60R 17.5 D
PASSENGER CAPACITY :	1 DRIVER 2 OTHERS