

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	27/02/2023 15:15 (SGT)
Reported by	Driver
Date of Accident	24/02/2023 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM CHURCH STREET TURNING RIGHT TO COLLYER QUAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC4059S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZIEN DYNAMIC CONSTRUCTION PTE LTD
Company Reg No	2XXXXX259C
Email Address	Is.lee@pas.sg
Mobile Phone No	(Phone) +65-92366363
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cgb45clsmnb
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	13074

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 400001560 MKF

DRIVER

Name of Driver	DINAKARAN ARUNAGIRI
Passport No/FIN	FXXXX304U
Date Of Birth	14/05/1976
Occupation	Outdoor

Date Of Driving Pass	26/01/1998
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84355627
Alt. Phone Number	-
Email Address	ls.lee@pas.sg
Address	1 BUKIT BATOK STREET 22
Address complement	-
Postcode	659592
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	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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 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	SNF2673Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALAN LOK SAN YIN
NRIC No	SXXXX664G
Contact Number	(Phone) +65-85182577
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

1. Please ~~report~~ report correctly the details of the accident to speed up the claims process.
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4. The ~~use~~ use 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 Traffic Police Department for investigation.
6. This ~~report~~ report will be forwarded by the insurers to 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~~ 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.
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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

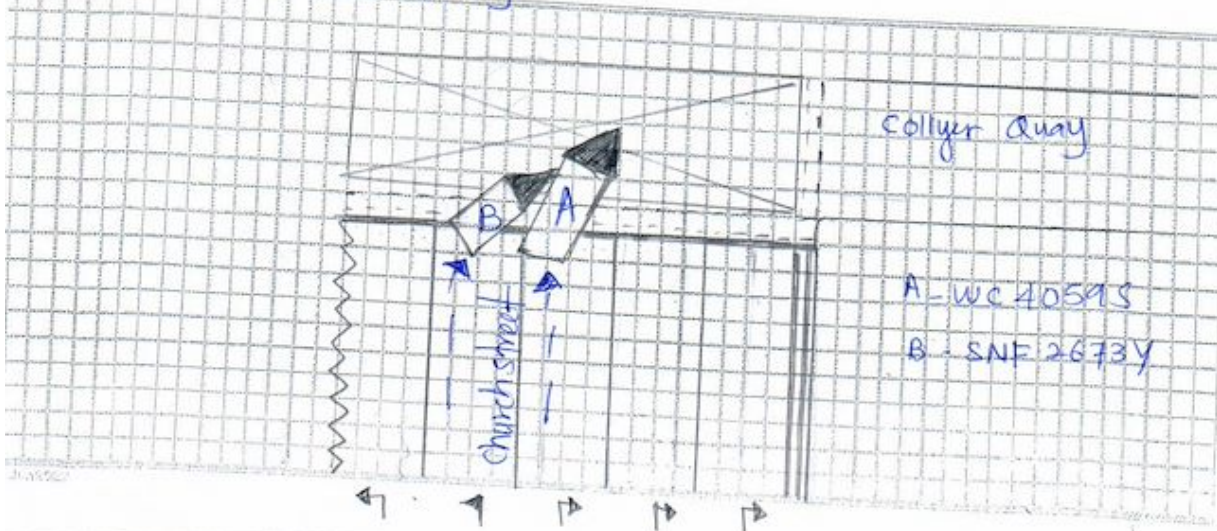


Policyholder's Signature / Date & Time

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 From Church Street turning



Describe Circumstance of the Accident

Please Refer to the attached statement

Declaration
We declare the foregoing particulars are true in every respect.

CO. REG. NO: 200814259C
ZEN DYNAMIC PRODUCTION PTE LTD

Policyholder's Signature / Date & Time: *[Signature]* 27/2/2023

Actual Driver's Signature (If driver is not the policyholder) / Date & Time: *[Signature]* 27/2/23

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

"On 24/2/2023 at about 7.30pm, I was driving WC4059S traveling from Church Street turning right to Collyer Quay.

At the junction of Church Street and Collyer Quay, as I was making my right turn with left signal on and concentrating driving within my lane, 3rd party SNF2673Y, who is traveling on the lane to my left, has cut into my lane while turning.

As a result, 3rd party front right side mirror has hit onto my vehicle centre left portion.

After the accident we exchanged our particulars and no injuries in this accident.

This is for reporting purposes.

Note: After accident I didn't move my vehicle, but 3rd party has moved his vehicle forward and parked by the side of the road.

3rd party driver is Alan Lok San Yin (I/C No: S7889664G) and hp: 85182577".

Name :

Fin no.:

Date :































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: SL0Z232R0001 Vehicle Registration No: WC4059S
 Name (as shown in NRIC): Dinakaran Annugini NRIC/FIN/Passport No: F81603044
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 1 Bukit Batok street 22 Singapore (659592)
 Contact (Tel): _____ Mobile No.: 8435 5627
 Email Address: is.lee@pas-sg
 Date of Accident: 24/02/2023 Time of Accident: 19:30
 Place of Accident: From Church Street turning Right to Collyer Quay
 Insurance Company: M&I

(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:

upload scene photographs

Policyholder / Actual Driver's Signature
Date:

[Signature] 27/2/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: