

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 28/02/2023 11:19 (SGT)
Reported by Owner
Date of Accident 27/02/2023 17:30 (SGT)
Exact Location of Accident Punggol Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB8357J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SAS M & E PTE. LTD.
Company Reg No 2XXXXX107Z
Email Address service@sasme.com.sg
Mobile Phone No (Phone) +65-83221232
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 2982

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number J 300011999 MKC

DRIVER

Name of Driver MAHALINGAM MAHESWARAN
Passport No/FIN GXXXX178R
Date Of Birth 05/05/1983
Occupation Outdoor

Date Of Driving Pass	09/09/2014
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83221232
Alt. Phone Number	-
Email Address	service@sasme.com.sg
Address	BLK 15 #03-31 TOH GUAN ROAD EAST
Address complement	TOH GUAN DORMITORY
Postcode	608571
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	Raining
Road Surface	Wet

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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230227/2109

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	YP3437Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
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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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 Traffic Police Department for investigation.**
6. This 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 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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SAS M&E Pte Ltd

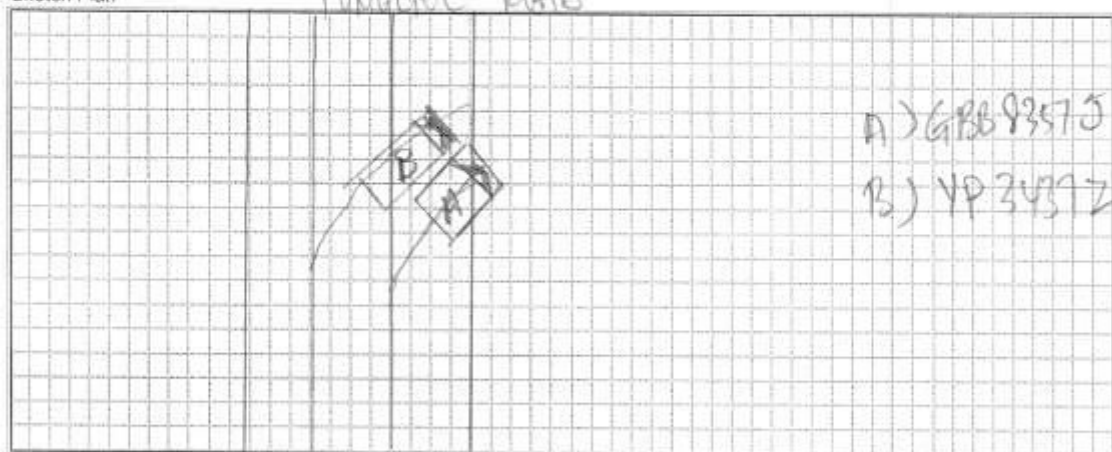
No. 1 Toh Tuck Link
Singapore 596222
Tel: 62881238
Fax: 6-620504
Co. Reg. No. 2010191072
GST Reg. No. S750000000

M. N. K. A. P. 28/2/23

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



Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230227/2109

Declaration

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

SAS M&E Pte Ltd

No. 1 Toh Tuck Link

Singapore 596222

Tel : 62881238

Fax: 64620364

Co. Reg. No. 2010191072

GST Reg. No. 2010191072

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)

M. S. S. 28/2/23

28/02/2023







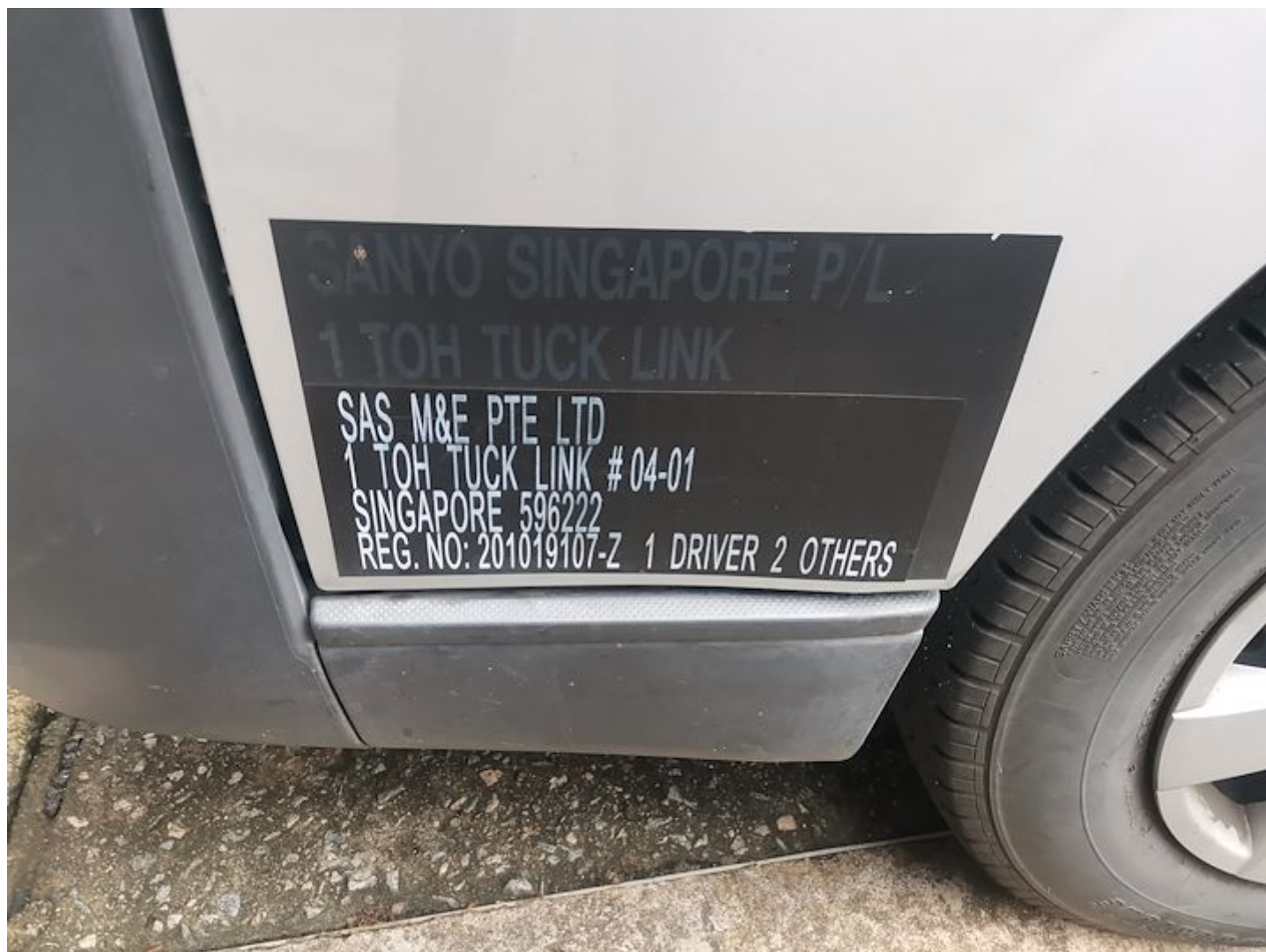










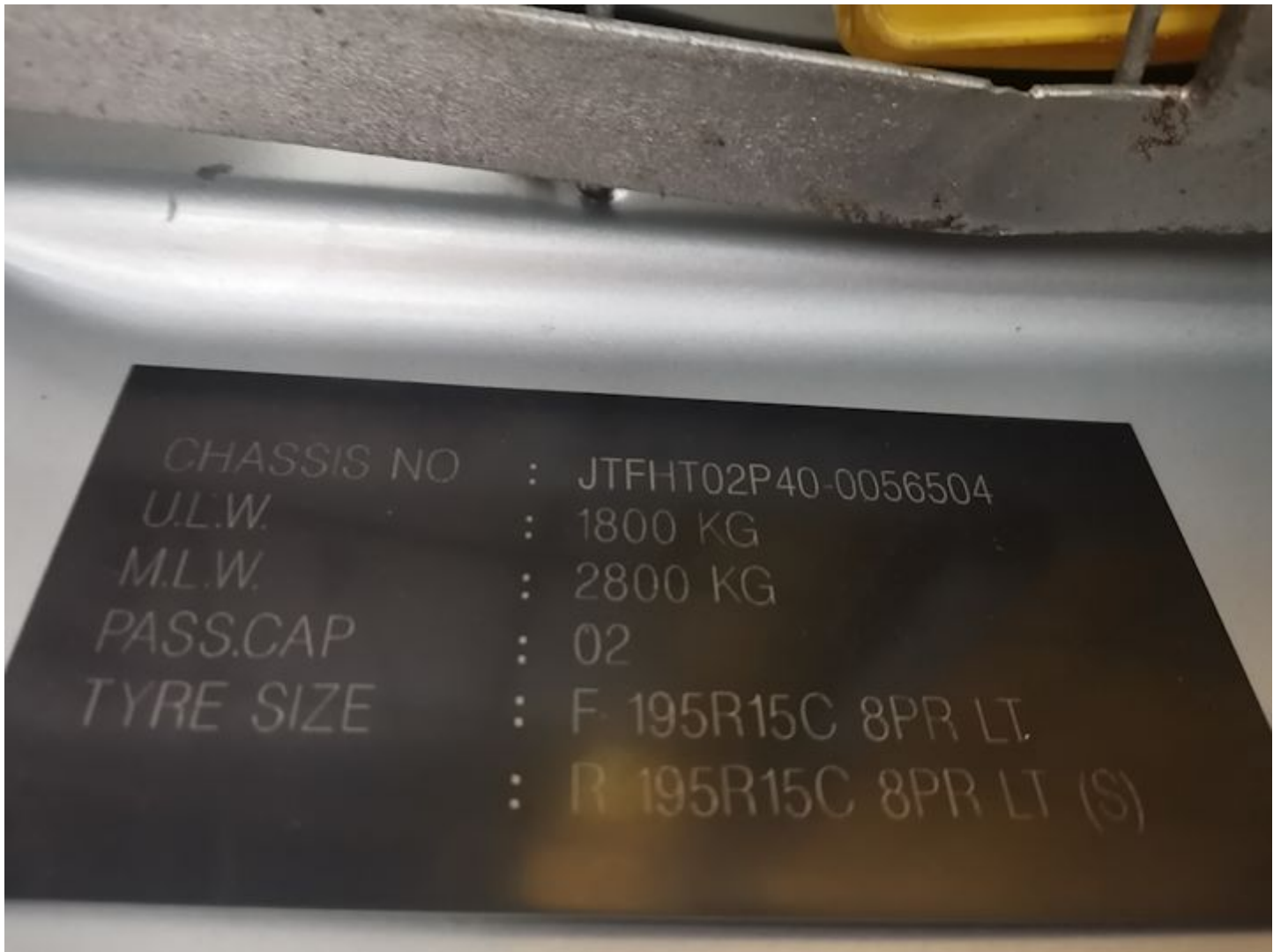













**SINGAPORE
POLICE FORCE**


T/20230227/2109

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20230227/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2023 18:59	Vide Report No.:	Station Diary No.: 107
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Informant's Particulars

Name of Informant: MAHALINGAM MAHESWARAN			Address:	
ID Type / ID No.: FIN NO / G8162178R			Contact No.: Home/Office:	Mobile: 83221232
Nationality: INDIAN			Email:	
Sex: Male	Age: 39	Date of Birth: 05/05/1983	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Aircon Technician			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/02/2023 17:30	Type of Location: X-Junction
Location: PUNGGOL ROAD			
Weather: Raining	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8357J	Van				Slightly Damaged	0
YP3437Z	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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208678
Tel No: 1800-2949999

2 of 3

Report No: T/20230227/2109

CONTINUATION OF REPORT

Driver			
Name	MAHALINGAM MAHESWARAN	ID No.	G8162178R
Related Vehicle	GBB8357J (Van)	Contact No.	83221232
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 08/09/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/02/2023, at about 1700hrs, I was driving my van (GBB8357J) along Punggol Field on the extreme right lane. As I was waiting to turn right towards Punggol Road, a lorry (YP3437Z) which was on my left, turned into my lane. I tried to warn the driver by sounding my horn, however the lorry did not stop and collided with the front left side of my vehicle.

I signaled the driver to stop and we both proceeded to the bus stop along Punggol Road to stop. As the lorry was entering the bus bay, he collided into the right-side mirror of the bus. The driver then stopped his lorry and alighted. I tried to talk to him and secure his particulars or contact details, however he refused to provide and proceeded to drive off.

I then proceeded to lodge a police report for insurance claims. I did not sustain any injuries and I wish to add that I do not have any In-Car camera.



**SINGAPORE
POLICE FORCE**



T/20230227/2109

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20230227/2109

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report: A / SGT 1 AJIT KUMAR S/O THIYAGA RAJU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2023 18:59
Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168