

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 19/10/2022 09:30 (SGT)
Reported by Driver
Date of Accident 17/10/2022 18:40 (SGT)
Exact Location of Accident SLE, Singapore
Additional Location Information TOWARDS BKE AFTER 8A EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH8626B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FOODON LOGISTICS PTE LTD
Company Reg No 201808752K
Email Address kenneth.ong@neogroup.com.sg
Mobile Phone No (Phone) +65-90084898
Alternative Phone No (Office) +65-81984667

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 Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number B 400001427 MKF

DRIVER

Name of Driver NIRWAN MAHIP
Passport No/FIN G3404422N
Date Of Birth 24/11/1988
Occupation Outdoor

Date Of Driving Pass	05/10/2017
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-90084898
Alt. Phone Number	-
Email Address	kenneth.ong@neogroup.com.sg
Address	669C JURONG WEST ST 64 # 11-66
Address complement	-
Postcode	643669
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON 17/10/2022 AT ABOUT 18:40HRS, I WAS DRIVING VEHICLE A (GBH8626B) ALONG SLE TOWARDS BKE AFTER 8A EXIT. AS I TRAVELLING STRAIGHT ON SECOND LANE, I SLOW DOWN MY VEHICLE AND STOP DUE TO TRAFFIC. AS MY VEHICLE WAS STATIONARY FOR FEW SECONDS, VEHICLE B (XD9269C) COLLIDED ONTO VEHICLE A REAR PORTION. I SUSTAINED BACK PAIN DUE TO THE IMPACT.

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	XD9269C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	WANG HONGXU
Passport No/FIN	G8784661Q
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NIRWAN MAHIP
Gender	Male
Phone No	(Phone) +65-90084898
Address	669C JURONG WEST ST 64 # 11-66
Address Complement	-
Post Code	643669
Approximate Age Years Old	33
Injuries Sustained	-
Injured person in which vehicle?	GBH8626B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

**FLASH ACCIDENT
REPORTING OFFICER**

FRO KHAMARAJ

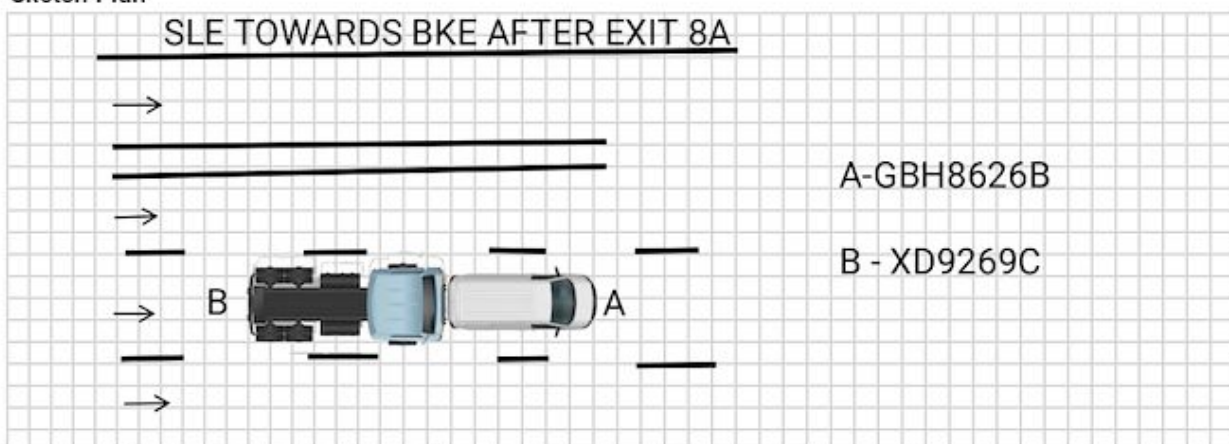


Mahip Nirwan

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
18/10/2022. 19:35HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 17/10/2022 AT ABOUT 18:40HRS, I WAS DRIVING VEHICLE A (GBH8626B) ALONG SLE TOWARDS BKE AFTER 8A EXIT. AS I TRAVELLING STRAIGHT ON SECOND LANE, I SLOW DOWN MY VEHICLE AND STOP DUE TO TRAFFIC. AS MY VEHICLE WAS STATIONARY FOR FEW SECONDS, VEHICLE B (XD 9269C) COLLIDED ONTO VEHICLE A REAR PORTION. I SUSTAINED BACK PAIN DUE TO THE IMPACT.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
Mahip Nigwan
 18/10/2022. 19:35HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre Personnel





















