

# 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 .....	30/05/2023 14:28 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	25/05/2023 07:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KRANJI ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBM2296H
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ROBNSON CAR RENTAL PTE LTD
Company Reg No .....	2XXXXX041W
Email Address .....	car.rental@sianghock.com.sg
Mobile Phone No .....	(Phone) +65-98792002
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Proace
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 .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-23100892MFCV/45

### DRIVER

Name of Driver .....	ARUMUGAM ARUNKUMAR
Passport No/FIN .....	GXXXX901Q
Date Of Birth .....	06/05/1986
Occupation .....	Outdoor

Date Of Driving Pass .....	15/04/2018
Driving experience .....	5 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93923140
Alt. Phone Number .....	-
Email Address .....	car.rental@sianghock.com.sg
Address .....	21 JALAN MASJID
Address complement .....	-
Postcode .....	418946
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RENTAL-LEASING
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) .....	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 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 .....	SKH8087A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MUHAMMAD HAIKAL BIN HASHIM
NRIC No .....	SXXXXX031J

Contact Number .....	(Phone) +65-87843112
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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6. 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 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.



Policyholder's Signature / Date & Time

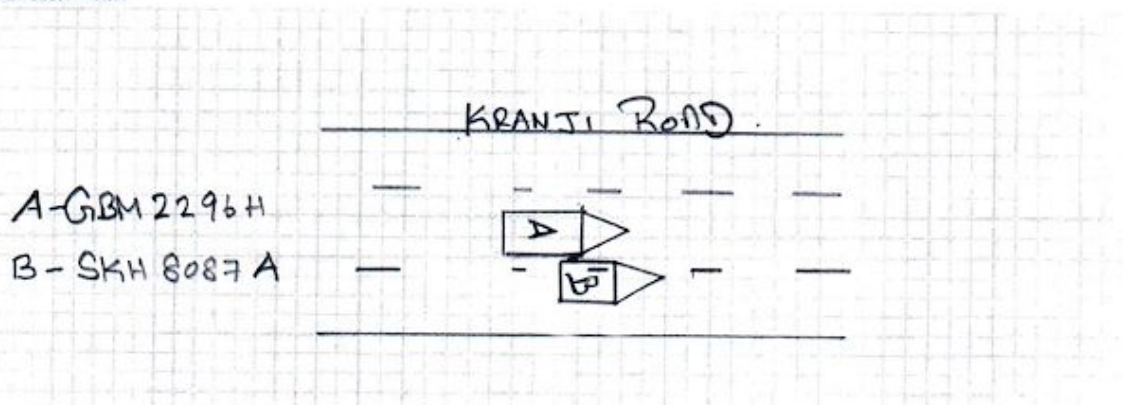
*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 30/05/2023

Witnessed by Reporting Centre Personnel

### Sketch Plan





## Describe Circumstances of the Accident

On 25/05/2023 around 07:00 pm I was driving the vehicle G8M7296H. After Gurf Club Ave traffic light Junction I was travelling straight into the Kranji Road. Once entering into the Kranji Road I was on my second lane and driving straight. The vehicle on my left from the last lane suddenly moved into my lane. Where I try to avoid and slow down my vehicle but he already hit my vehicle's front & HS. We exchanged our particulars and nobody was injured.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*X. John*

Driver's Signature (If driver is not the policyholder) / Date & Time

*Witnessed 30/05/2023*

Witnessed by Reporting Centre Personnel













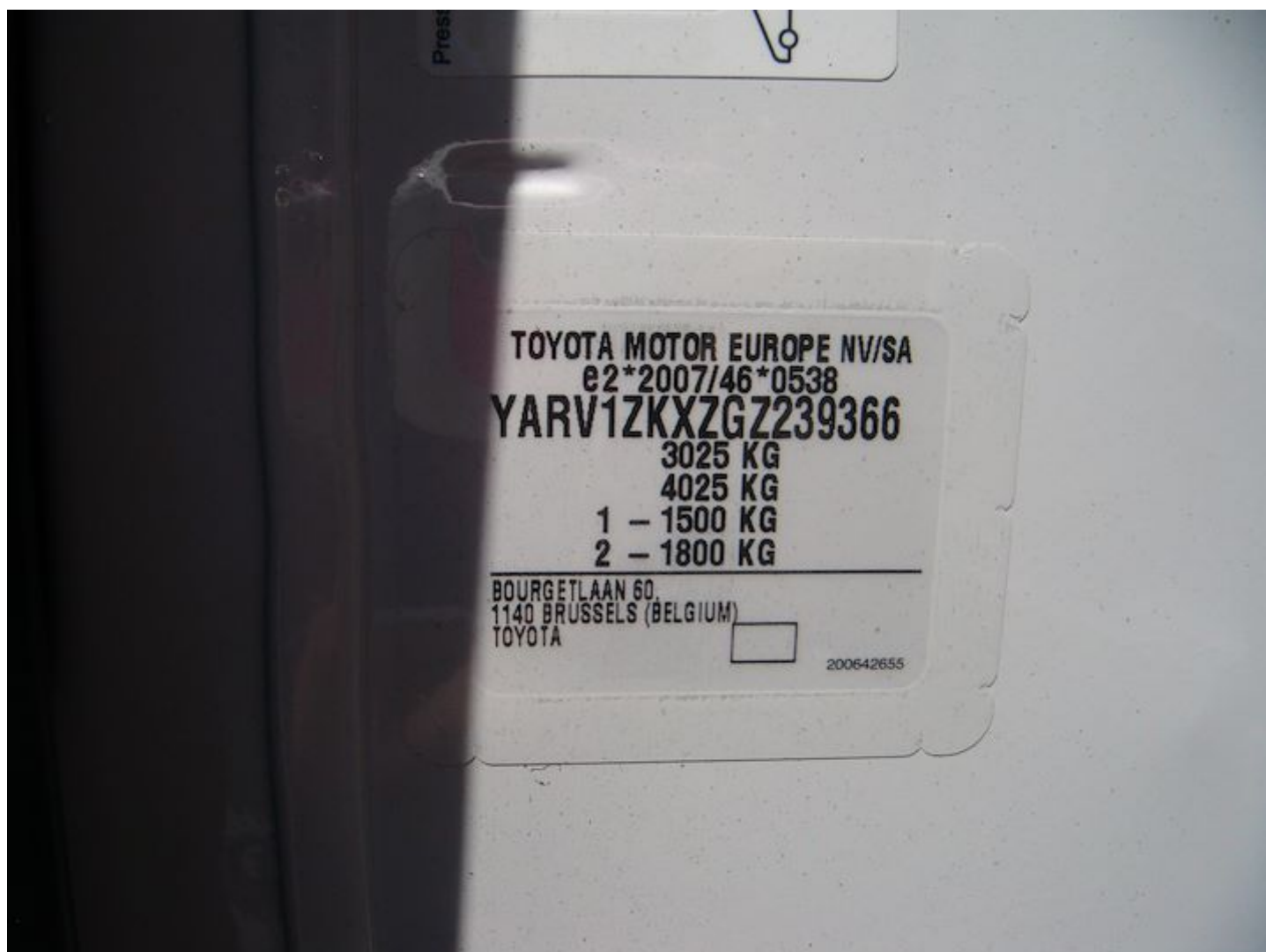














**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09235U0004 Vehicle Registration No: GBM2296H  
 Name (as shown in NRIC): Anumugim Anunkumar NRIC/FIN/Passport No: G2483901Q  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 21 Jalan Masjid Singapore (418946)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9392 3140  
 Email Address: car.rental@singhock.com.sg  
 Date of Accident: 25/05/2023 Time of Accident: 07:00  
 Place of Accident: Kunjil Road  
 Insurance Company: Mas First Capital

**(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:

Amend vehicle number - GBM2296H

Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: