

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 Authorised 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 ability.
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 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 Report	20/11/2017 12:17
Date Of Accident	17/11/2017 08:15
Exact Location Of Accident	SENOKO POWER STATION AT ATTAP VALLEY ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC1198S
Insured/Policyholder	
Name Of Registered Owner	ALLIED MEDICAL ASSOCIATES PTE LTD
Co Reg No	199203506W
Email Address	MARINAPS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91830858
Alternative Phone No	OFFICE-91830858
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5050358396-06
Cover Note Number	
Driver	
Name of Driver	SAMY BEHNERT
NRIC No	S0173584E
Date Of Birth	14/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1993
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91830858
Fax Number	
Contact Number	OTHERS-91830858
EEmail Address	MARINAPS@SINGNET.COM.SG

Address	BLK 813 CHOA CHU KANG AVENUE 7 #16-541
Postcode	681813
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFEDR TO POLICE REPORT T/20171117/2091 (TYPE OF ACCIDENT INSURED REVERSE AND HIT THE PERSON WHO GUIDE HIM TO REVERSE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ARMED MEDICAL ASSOCIATES PTE. LTD.

Sketch Plan #2

SKETCH PLAN

SHAWKO POWER STATION

GRC
11985
REVERSING

EMPLOYEE

U
BEAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
7/0017/117/2017

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SHAWKO Power Station

ALLIED MEDICAL ASSOCIATES PTE LTD

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171117/2091

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3

Report No. T/20171117/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/11/2017 15:46		Vide Report No.:	Station Diary No.: 31
Informant's Particulars			
Name of Informant: SAMY BEHNERT		Address: APT BLK 813A CHOA CHU KANG AVENUE 7 #16-541 SINGAPORE 681813	
ID Type / ID No.: NRIC NO / S0173584E		Contact No.: Home/Office: Mobile: 91830858	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 14/06/1950	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/11/2017 08:15	Type of Location: Car Park
Location: Along Road 1 ATTAP VALLEY ROAD Senoko Power Station				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1198S	Covered Truck	NISSAN	Cabstar	White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171117/2091

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20171117/2091

CONTINUATION OF REPORT

Driver			
Name	SAMY BEHNERT	ID No.	S0173584E
Related Vehicle	GBC1198S (Covered Truck)	Contact No.	91830858
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/11/2017 at about 0815hrs, I was reversing a white in color Nissan Cabstar truck bearing registration plate number GBD1198S into a parking lot at Senoko Power Station. I wish to state that I was driving a nurse who is known to me as Margaret to the location. She had alighted from the vehicle prior to me parking so that she could direct me into the parking lot as I was reversing and am unable to see the rear of the vehicle.

Subsequently, after reversing, I drove forward to adjust the vehicle and noticed from the left side mirror that she was sitting on the floor. I immediately alighted from the vehicle and found that her right arm was injured. I found out that as she was waving at my van and directing me to reverse, she had placed her hand across a beam behind my vehicle. This caused her hand to get trapped between my vehicle and the U-beam.

Ambulance and the police was called for. She was then conveyed to Khoo Teck Puat Hospital before being transferred to Raffles Hospital. She has also informed me that she suffered a fractured arm and will need to go for an operation.

There are no damages to the vehicle.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20171117/2091

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20171117/2091

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 /

Staff Sgt SURAJDEEP SINGH S/O
RAJVENDER SINGH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178

Authentication Stamp

NP168

Signature

Singapore Police Force

Signature Of Informant:

Date/Time:

17/11/2017 15:46

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA417153213 Vehicle Registration No : GBC 11988
Name(as shown in NRIC): SAMY BEHNERT
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : _____
Address : _____
Contact (Tel) : _____ (H/P) : 91830858
(Email) : _____
Date of Accident : 17/11/2017 Time of Accident : 08:15
Place of Accident : SENGKOK POWER STATION A7 A77AP VALLEY ROAD
Insurance Company : MTC

(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:

DRIVER NAME AS ABOVE

Signature of Vehicle Owner / Driver
Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm