

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	23/11/2017 20:59
Date Of Accident	21/11/2017 10:55
Exact Location Of Accident	C T HUB 114 LAVENDER STLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1138K
Insured/Policyholder	
Name Of Registered Owner	SYSTEMS ENGINEER CLIQUE
Co Reg No	53341828C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90663767

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCPHQ17-004399
Cover Note Number	

Driver

Name of Driver	THAMEEM S/O ASHARAF ALI
NRIC No	S9103851Z
Date Of Birth	22/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97517574
Fax Number	
Contact Number	
Email Address	THAMEEM@SYSTEMSTECH.PRO

Address

Postcode

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 SIDE SWIPE

Weather Conditions RAINING

Road Surface WET

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? YES

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 [OTHER] TAMPINES NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Refer to Police Report T/20171121/2193 On 21/11/2017 at about 1053hrs, I was at CT HUB2 in my van at the loading bay. I was reversing after giving way to a van and also after I checked my blind spot. While reversing, suddenly car (SJW3217H) drove pass and the rear portion of my van collided with the left side of the car. I then came down and discovered rear portion of my van was damaged. Nobody was injured. I then called for police assistance and I was advised to lodge a traffic accident report.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW3217H

Vehicle Make/Model/Colour TOYOTA/WISH 1.8 A/ SILVER

Details Of Properties

Name of Driver UNKNOWN DRIVER

NRIC/Passport Number

Contact Number UNKNOWN

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
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 application by interested parties.
7. By the submission 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 broker(s) 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 my 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 insurer's lawyer/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 envelope/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(b) All insurer(s) who have insured vehicle(s) involved in this accident and the insurer's lawyer/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms, which may be based outside of Singapore, for one or more of the above Purposes.





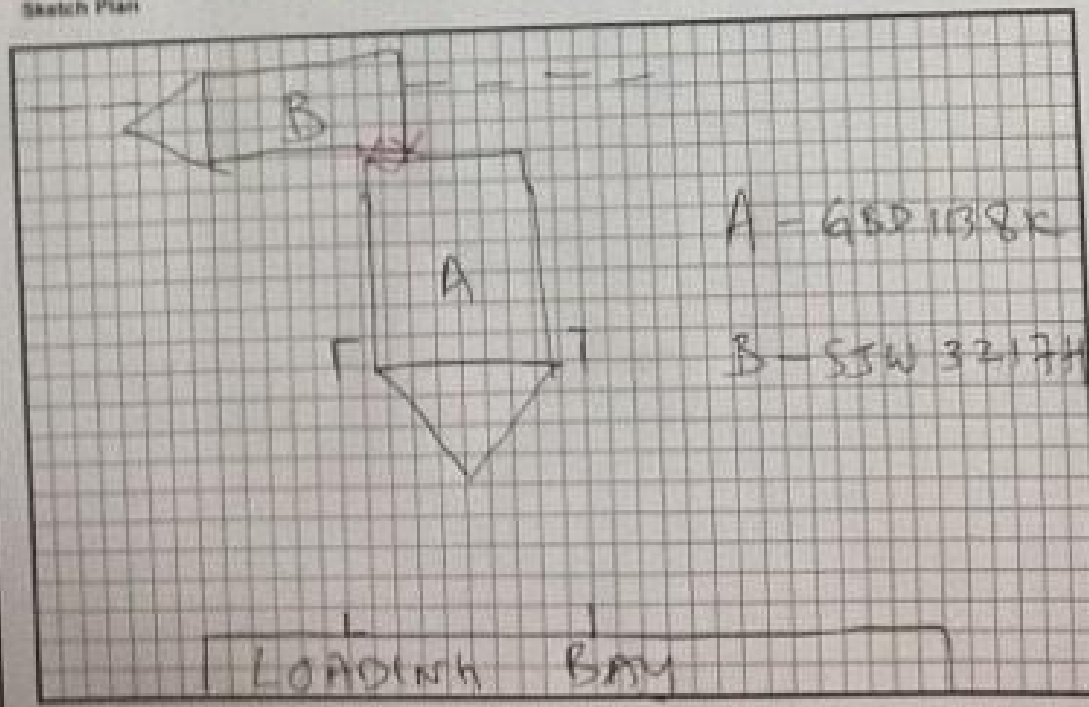
VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohammad Asyraf Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer
Personal

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

Pls refer to Police Report T/20171121/2193

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

23 November 2017 at 8:25 PM

Date/Time:

23 November 2017 at 8:25 PM

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171121/2163

1 of 3

Report No: T/20171121/2163

Police Station Of Origin
Tampines N.P.C.
8 Tampines Avenue 4 SINGAPORE 520882
Tel No: 1800-5871888

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2017 21:28	Vide Report No: A/20171121/0058	Station Diary No: 112
--	------------------------------------	--------------------------

Informant's Particulars

Name of Informant: THAMEEM S/O ASHARAF ALI		Address: APT BLK 440 YISHUN AVENUE 11 #12-470 SINGAPORE 780440	
ID Type / ID No: NRIC NO / S81038512		Contact No: Home/Office:	Mobile: 97517574
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 22/01/1991	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/11/2017 10:50	Type of Location: LOADING BAY
Location: Along Road 1 LAVENDER STREET 114 LAVENDER STREET CT HUB 2 LOADING BAY			
Weather:	Road Surface:	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1138K	Van				Slightly Damaged	1
SJW3217H	Car					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171121/2163

2 of 3

Police Station Of Origin
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: T/20171121/2163

CONTINUATION OF REPORT

Driver			
Name	THAMEEM S/O ASHARAF ALI		ID No. 59103851Z
Related Vehicle	GBD1138K (Van)		Contact No. 97517574
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 21/11/2017 at about 1053 hrs, I was at CT HUB2 in my van at the loading bay. I was reversing after giving way to a van and also after I checked my blind spot. While reversing, suddenly car (SJW3217H) drove pass and the rear portion of my van collided with the left side of the car. I then came down and discovered rear portion of my van was damaged. Nobody was injured. I then called for police assistance and I was advised to lodge a traffic accident report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171121/2193

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529662
Tel No. 1800-5871999

Report No. T/20171121/2193

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

G)

Staff Sgt WONG JIANYONG

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

21/11/2017 21:36

Officer In Charge Of Case

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No. 65478138

Classification Of Case:

54-009

Authentication Stamp

SP198



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



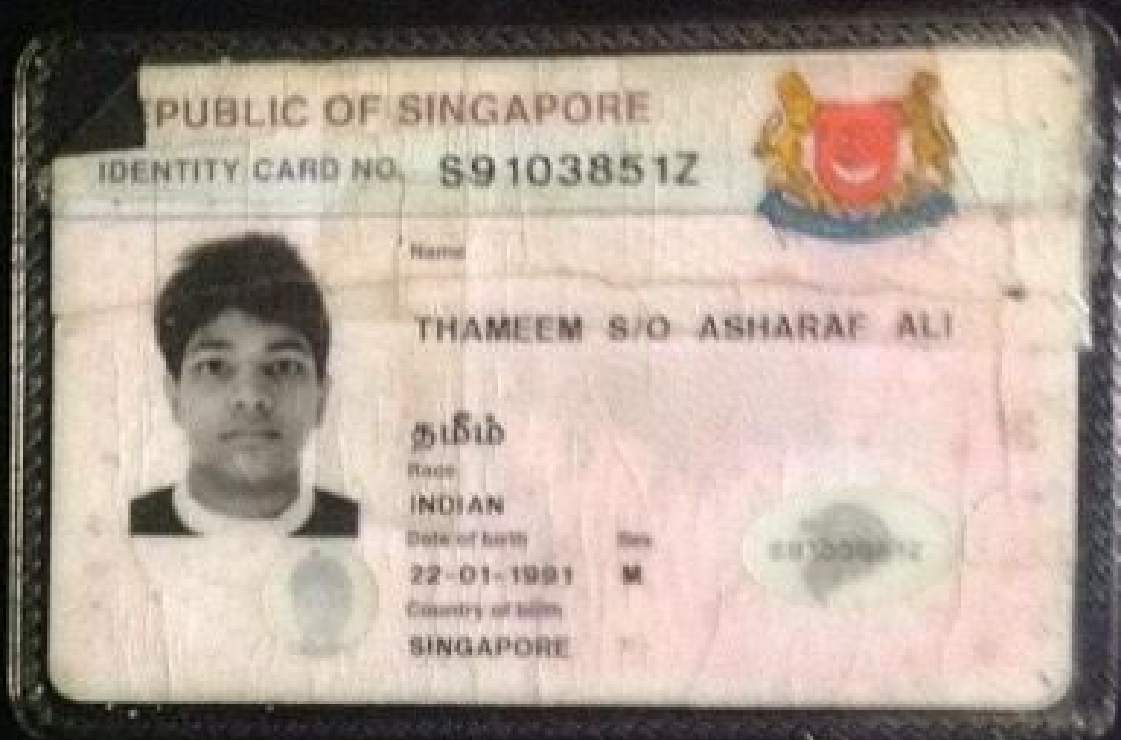
Accident Photo



Accident Photo



Identification Card



Identification Card

