

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	19/12/2017 15:04
Date Of Accident	18/12/2017 20:05
Exact Location Of Accident	AT NO,7 PORTSDOWN ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN8161X
Insured/Policyholder	
Name Of Registered Owner	SP POWERASSETS LIMITED
Co Reg No	200302108D
Email Address	NECKELZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96374132
Alternative Phone No	OFFICE-96374132
Vehicle Particulars	
Manufacturer	ISUZU
Model	LORRY
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087455MFCV/244
Cover Note Number	
Driver	
Name of Driver	MASWIRA BIN RAWI
NRIC No	S7731034G
Date Of Birth	24/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1999
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96374132
Fax Number	
Contact Number	OTHERS-96374132
EEmail Address	NECKELZ@HOTMAIL.COM

Address	BLK 476A UPPER SERANGOON VIEW #05-508
Postcode	531476
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 PROPERTY
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)	3

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

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


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 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. 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 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)**

(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.

Reporting Centre Personnel's Signature
Name: Rodney
NRIC/FIN No: 123456789

Sketch Plan #2

 SINGAPORE POWER	SINGAPORE POWER LTD GROUP SAFETY & HEALTH INCIDENT INVESTIGATION STATEMENT FORM	Page 1 of 2
		4.5.3
		01 Aug 2016
	Revision 00	SPPG HSE Department

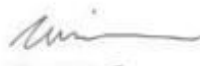
Particulars of Person Providing Statement

Date Recorded:	Time Recorded:	* NRIC / FIN / ID No.:	Name of Person Providing Statement:
19/12/17	1030hrs	S7731034G	Maswira Bin Rawi
Designation:		* Company / Department / Division / Branch / Section:	
Technical Officer		SPPG / DCCS SECTION	
Status of Person Providing Statement:			Others (please specify):
* Injured Person / Involved in the Incident / Witness / By passer / Others			


Statement

I was attending to an emergency activation at Jalan Hang Jebat on 18/12/2017 at 1845hrs. Upon arrival at the site at 1905hrs, we were directed to another site which is No 7, Portsdown Road. On arrival at the second location at 2000hrs, Ratnasamy and Khairul went to assess the site for a suitable location to park the lorry. After identifying the location, I proceeded to park the lorry. Ratnasamy was guiding on the front left side while Khairul was guiding with a torchlight at the back of the lorry.


While more than halfway through reversing the lorry from Whitchurch Road into No 7 Portsdown Road, I heard a slight screeching from my side of the door. I then realised that I have grazed the driver side of the door upon a metal bollard. I move forward and proceed to park the vehicle. After parking, I went to check on the vehicle and saw the damage. I also realised that the bollard has a protrusion on which to attach a metal chain to create a barrier which was not very visible. There was no damage to the metal bollard. There were two scratch marks on the door of the driver side of the lorry.


 19/12/17

SP PowerAssets Ltd
2 Kallang Sector
Singapore 349277
Co. Registration No.: 200302108D


 Ratnasamy
 19/12/2017

Declaration

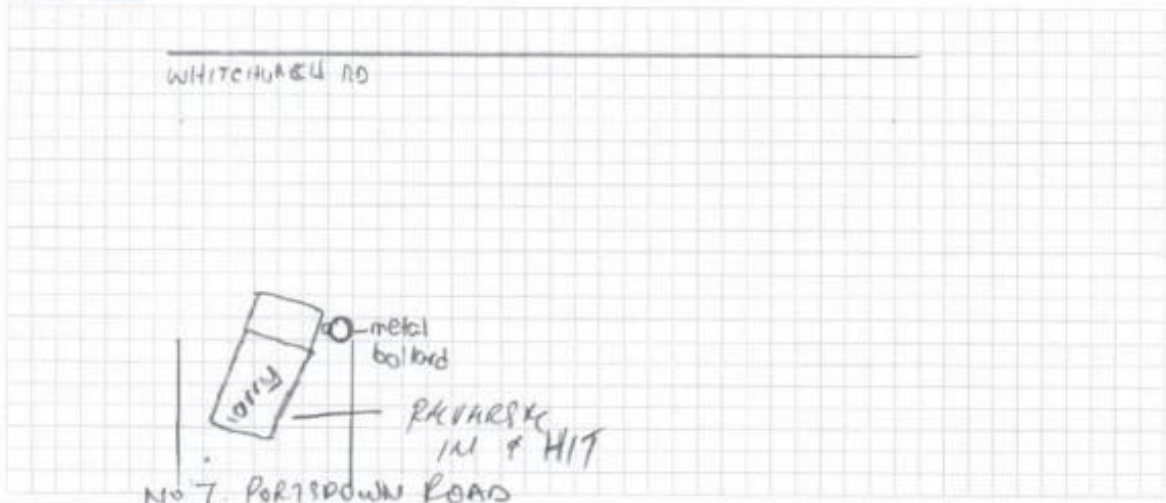
Statement Provided in Person: I hereby declared that the above statement provided by me is the truth and the true account of the event or incident which had happened. I confirmed that there is no distortion of any information and no information has been withhold or hold back for whatsoever reason/intention.	Signature of Person Providing Statement: 
Statement Recorded * and / or Interpreted By: (If applicable) The above statement has been recorded in English and read to the above mentioned person in a translated language comprehensible by him/her who has provided his/her account of the event or incident. I hereby confirmed that I have at my utmost care of duty to comprehend and record his/her statement as correctly as possible of what he/she has illustrated. There is no distortion of any information and no information has been withhold or hold back for whatsoever reason/intention.	Name & Identification Number of Interpreter: Signature of Interpreter:

Member of Investigation Committee Witnessed and/or Recorded This Statement:

* NRIC / FIN / ID No.:	Name of Member of Investigation Committee:	Member of Investigation Committee Signature:

Sketch Plan #3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ANCHORMAN

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 19/12/17

SP PowerAssets Ltd
2 Kallang Sector
Singapore 349277
Co. Registration No.: 200302108D
(If driver is not the policyholder)
Date & Time:

[Signature] 19/12/2017
Reporting Centre Personnel's Signature
Name: Kosal Nathar
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

