

## 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	29/12/2017 15:37
Date Of Accident	27/12/2017 17:20
Exact Location Of Accident	DRIVEWAY HOTEL GRAND PACIFIC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3325J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	7VCT1737530
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD SHAFRI BIN SUALI
NRIC No	S7417474D
Date Of Birth	11/06/1974
Occupation	INDOOR
Date Of Driving Pass	11/06/1994
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88225433
Fax Number	
Contact Number	OFFICE-88225433
EEmail Address	NOEMAIL

Address	BLK 527D PASIR RIS STREET 51 #07-687
Postcode	514527
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171228/2069.

#### 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	GW9963H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG CHENG MEOW
NRIC/Passport Number	S1833981A
Contact Number	97905186
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

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.



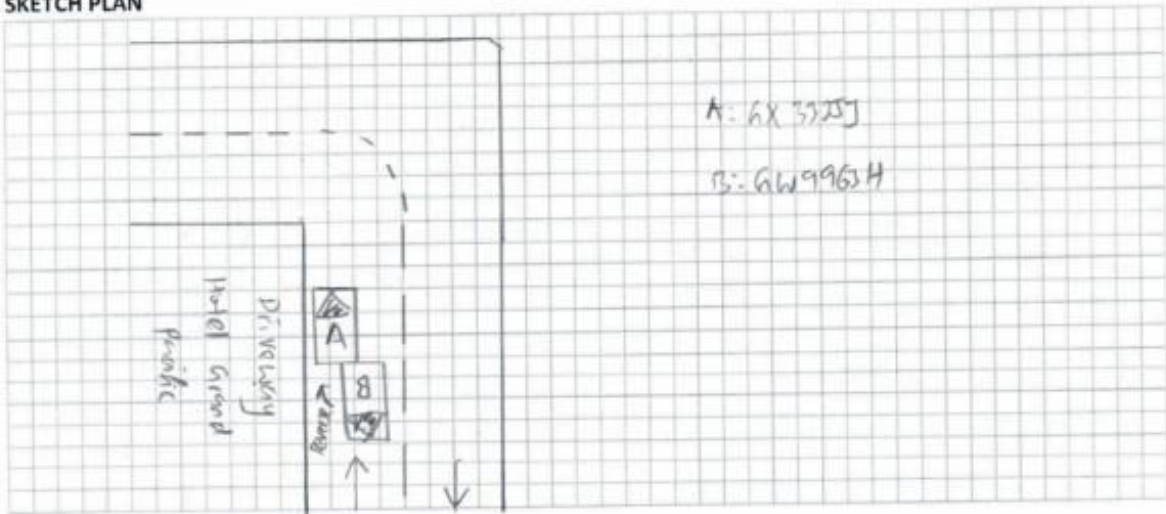
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20171228/2069.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

GLAMC SketchPlanForm\_V3

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

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171228/2069

1 of 3

Report No. T/20171228/2069

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2017 15:59	Vide Report No.:	Station Diary No.: 24
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### Informant's Particulars

Name of Informant: MOHAMMAD SHAFRI BIN SUALI			Address: APT BLK 527D PASIR RIS STREET 51 #07-687 SINGAPORE 514527	
ID Type / ID No.: NRIC NO / S7417474D			Contact No.: Home/Office:	Mobile: 88225433
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 11/06/1974	Type of Informant: Driver	
Race: Boyanese			Language:	Institution / School Name:
Occupation: LOGISTIC SYUPERVISOR			Driving Licence Information: Class:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2017 17:20	Type of Location: Straight Road
Location:  QUEEN STREET  Back Alley of Queen Street Behind Hotel Grand Pacific				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW9963H	Van				Slightly Damaged	1
GX3325J	Van				Slightly Damaged	1

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171228/2069

2 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20171228/2069

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG CHENG MEOW		ID No. S1833981A
Related Vehicle	GW9963H (Van)		Contact No. 97905186
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MOHAMMAD SHAFRI BIN SUALI		ID No. S7417474D
Related Vehicle	GX3325J (Van)		Contact No. 88225433
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 27/12/2017 at about 1715hrs at the Back Alley of Queen Street Behind Grand Pacific Hotel, I had just finished loading my goods and my vehicle was parked at the back alley while I was going through my map for my next destination in my vehicle when suddenly I felt an impact collided at the rear of my vehicle. I then got off my vehicle and saw that another van had reverse and hit onto my vehicle rear at the right side. I then gathered information from the other driver and he inform that he was reversing his vehicle and knocked his vehicle rear right side onto mine and he admitted to knocking onto me. The damages on my vehicle is a crack at the rear bumper and causing the bumper to come off slightly. We then agreed to settle the matter privately which I then brought my vehicle to the workshop and the repair damages was \$1526.89 which then the other party inform for me to lodge a police report.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171228/2069

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20171228/2069

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 /

Sgt 2 JAVIN NG CHEN BOON

Signature Of Interpreter:

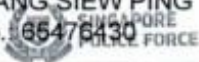
Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No: 65476430



Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

28/12/2017 15:59

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



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**Accident Photo**



Accident Photo

