#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/01/2018 16:15
Date Of Accident	16/12/2017 00:45
Exact Location Of Accident	JALAN BUROH TWDS TANJONG KLING
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP139D
Insured/Policyholder	
Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Co Reg No	_
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82266690
Alternative Phone No	OFFICE-82266690
Vehicle Particulars	
Manufacturer	ISUZU
Model	_
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-17087580MFCV/18
Cover Note Number	
Driver	
Name of Driver	MOHAMAD DAZIL BIN ABDULLAH
NRIC No	S7345620G
Date Of Birth	15/04/1973
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2008
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE

(LOCAL) +65-82266690

OTHERS-82266690

**NOEMAIL** 

Address 1 LORONG 23 GEYLANG

Postcode 388352

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

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

.....

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

NO

NO

NO

1

Police Station Address ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY:

station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-2689999 - **FAX NO**: 62672438

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20171216/2113

Attachment(s)

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

Was there any audio recorded?

#### Sketch Plan

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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
- 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:

- 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)
  - (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
- (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
- 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 Signat Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### Sketch Plan #2

CH PLAN	Jalan	Burah			
	Jalan towards Tanjong	clis:			1
A-YP13 B-Railin	9D (				Lorry
CRIBE CIRCUMSTANG	ES OF THE ACCIDE	775	my up lee	-6	
					-
			1/3/p/3	box	
		(	) lice	2	
		. X/re	13	13	
	1	KA.	12/01		
	Peder	1201	1,		
5/	5	(10			
ECLARATION We declare the foresting	particulars are true in	every respect.		\	- 11/20
We declare the foregoing	WIN.	signature	Repo	orting Centre Perso	pnel's Signature



T/20171216/2113

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 Report No. T/20171216/2113

CONTINUATION OF REPORT

Driver	THE PART APPLIES	AH ID No		S7345620G	
Name	MOHAMAD DAZIL BIN ABDULL	An ID III		MEANINE STORY	
	MELOOD II amad	Conta	ct No.	82266690	
Related Vehicle	YP139D (Lorry)	5762000			
	7× 111	Class	of	Class: 3,4	
Hospital/Clinic	NIL		g ce &	Date of Expiry: NIL	
			y Date		
	AND .	Date Discharge	NIL		
Date Treatment	NIL ted Medical Leave NIL	Degree of Injury	NIL		

On 16/12/2017 at about 0045hrs, I was travelling along Jalan Buroh towards Tanjong Kling on lane 2. As I wanted to turn left soon, I changed lane to the inner most lane. Suddenly I noticed one water crash barrier (orange) in the lane but it was too late for me. I try to swerve to avoid the barrier but I lost control of the lorry and the lorry mounted the kerb on the left side.

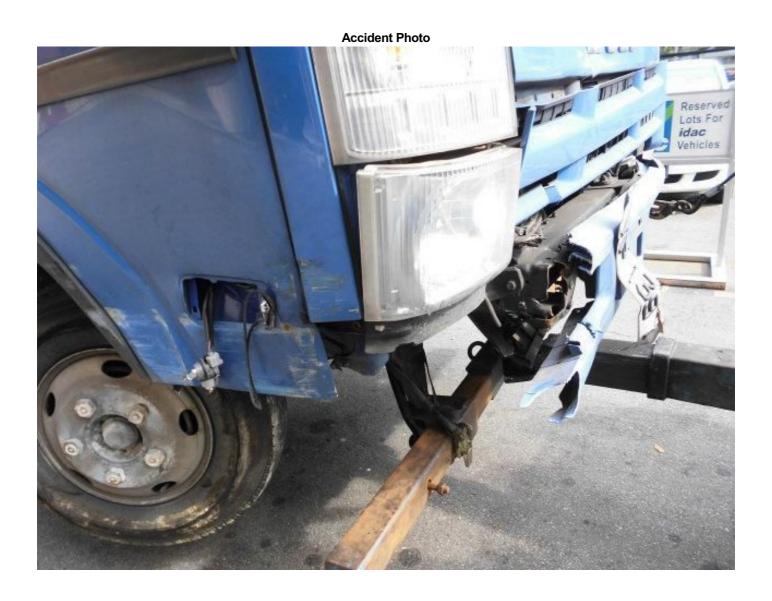
I am not injured. However, the lorry was badly damaged. It was unable to start. I informed my boss who then informed towing service and the traffic police. The towing service crew claimed that towing cannot be done as the lorry was badly damaged.

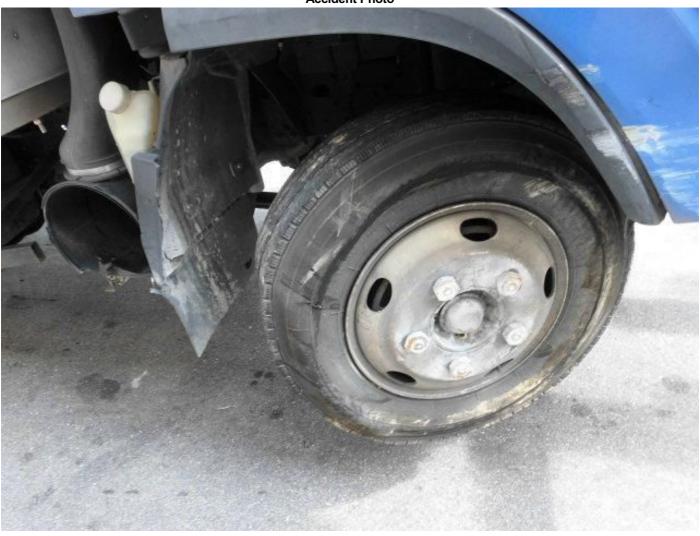
Traffic police also arrived shortly and advised me to clear the lorry from the area. After much difficulty, my lorry was towed away after being rejected by many towing services.



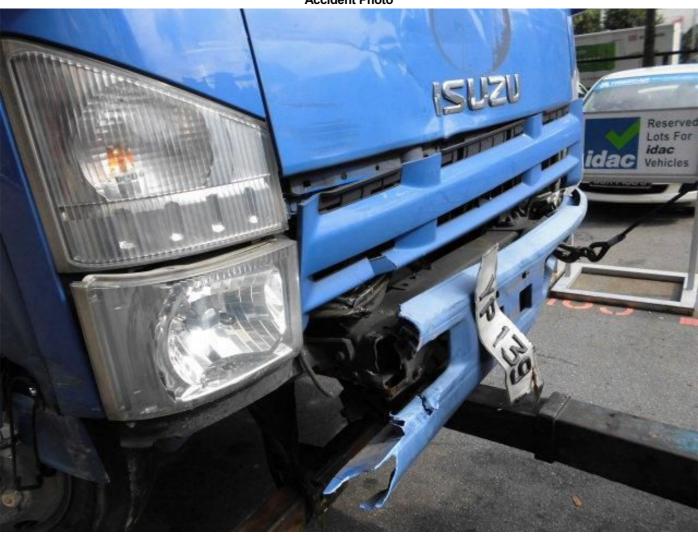


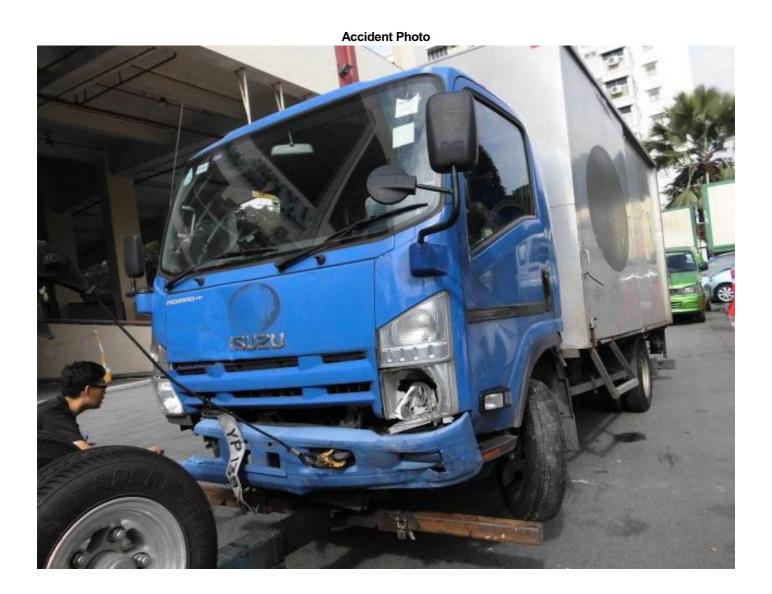


























### Police Report





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 1 of 3 Report No. T/20171216/2113

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2017 16:01		Made:	Vide Report No.:	Station Diary No.: 115	
Informa	nt's Partic	ulars	The second second	ENERL PROPERTY.	
	Informant	BIN ABDULLAH	Address: 1 LORONG 23 GEYLANG SIR	NGAPORE 388352	
ID Type / ID No.: NRIC NO / S7345620G Nationality: SINGAPORE CITIZEN		20G	Contact No.: Home/Office:	Mobile: 82266690	
		EN	Email:		
Sex: Male	Age:	Date of Birth: 15/04/1973	Type of Informant: Driver		
Race:			Language: English	Institution / School Name:	
Occupation: Lorry driver			Driving Licence Information: Class: 3.4	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/12/2017 00:45	Type of Location Straight Road
Location: Along Road 1 JALAN BURG towards Tanj	H	I Band Codes		Road Speed Limit
Weather: Clear		Road Surface: Dry		Road Speed Limit.
Traffic Flow: Traffic Con One Way Not Contro				Traffic Volume: No Traffic

Details of V	ehicle Invo	lved		The same		CALL SHAPE AND ADDRESS OF THE PARTY OF THE P
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
YP139D	Lorry-	ISUZU	NPR85UH5A	Blue	Seriously	0
	12				Damaged	

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





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

2 of 3 Report No. T/20171216/2113

Driver				TID No.	-	C724EE20C
Name	MOHAMAD DAZIL BIN ABDULLAH			ID No.		S7345620G
Related Vehicle	YP139D (Lorry)			Conta	ct No.	82266690
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL Date Di				NIL	
No of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

CONTINUATION OF REPORT

#### Brief Details.

On 16/12/2017 at about 0045hrs, I was travelling along Jalan Buroh towards Tanjong Kling on lane 2. As I wanted to turn left soon, I changed lane to the inner most lane. Suddenly I noticed one water crash barrier (orange) in the lane but it was too late for me. I try to swerve to avoid the barrier but I lost control of the lorry and the lorry mounted the kerb on the left side.

I am not injured. However, the lorry was badly damaged. It was unable to start. I informed my boss who then informed towing service and the traffic police. The towing service crew claimed that towing cannot be done as the lorry was badly damaged.

Traffic police also arrived shortly and advised me to clear the lorry from the area. After much difficulty, my lorry was towed away after being rejected by many towing services.

### **Police Report**





Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999
CONTINUATION OF REPORT

3 of 3 Report No. T/20171216/2113

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 Informant:
Date/Time: 16/12/2017 16:01
Classification Of Case:
8 8 128
<b>X</b> 0