#### 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 <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 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	01/02/2018 17:08
Date Of Accident	31/01/2018 17:50
Exact Location Of Accident	BLK 200 TOA PAYOH NORTH DROP OFF POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM9408J
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68482002
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087637MFCV/153
Cover Note Number	
Driver	
Name of Driver	ZAINAL BIN BABA

Name of DriverZAINAL BIN BABANRIC No\$7431927JDate Of Birth21/09/1974OccupationOUTDOOR

Driving Experience 15 YEARS AND 8 MONTHS

20/05/2002

Gender MALE

Mobile Number (LOCAL) +65-82815233

Fax Number

Contact Number

Date Of Driving Pass

EMail Address NOEMAIL

Address 621B EDGEFIELD WALK

#13-43

Postcode 822621

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 SIDE SWIPE
Weather Conditions DRIZZLING
Road Surface WET

**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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : AISHAH

GENDER: : FEMALE

Passenger 2 NAME: : MAN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BOON TECK NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 207 TOA PAYOH NORTH, POSTCODE: 310207, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2549999 - **FAX NO**: 63554310

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT:T/20180131/2141

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 GBC6945U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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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- 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.
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- 5 Any faise reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, 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
  - 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:

river's Signature
If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

un 01/02/18

Name NRIC/FIN No.:

## Sketch Plan #2

TCH PLAN			BLK 200.	
A- YM94 B-GBC69	1450	BI A REV	ERSED H NORTH	
P/S refu		o hie repo	pt: 7/20180131	121
ARATION declare the foregoing particu	ilars are true in every respect		Sym 01/02/18	

#### Sketch Plan #3





2 of 3 Report No. T/20180131/2141

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207 Tel No: 1800-2549999

CONTINUATION OF REPORT

### Brief Details.

On 31/01/2018, at about 1752hrs, I was driving my white lorry (YM9408J, White Mitsubishi) and dropped off my aunt at Blk 200 Toa Payoh North drop off point. A Silver Nissan van (GBC6945U) then drove in front of me and was blocking my path. I then sounded the horn to show my intention that I would like to move off. The van then reversed back towards its left and then its left rear side scratched against my right rear side of the lorry. I then gestured for him to stop and I got out of my lorry to make a check.

My lorry right rear side sustained some scratches. I then confronted the van driver and asked him how would he want to settle this issue. He then told me that it's not his problem and anything we talk at the coffeeshop. I then tried to ask him for his particulars to which he pointed middle finger at me and shouted 'fuck you' at me and drove off. I felt that his actions were extremely rude.

I managed to write down the details of the van as it showed the company details.

The details are as follow:

Vehicle plate number: GBC6945U

Company Name: Crestar Enterprise Pte Ltd

Company Contact: 6254 9983

Company Address: 12 Tagore Drive #03-01 Habitat Warehouse S(787621)

Company Reg no: 200918761H

I then contacted the company who then acknowledged and I gave them my boss contact details to liaise for the incident. I wish to lodge this report for my recording purpose first and would like the Police to advise on such rude driver.















## Police Report





1 of 3

Report No. T/20180131/2141

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207 310207 Tel No: 1800-2549999

REPORT OF	TRAFFIC	ACCIDENT
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Date/Time Report Made: 31/01/2018 19:14		lade:	Vide Report No.:	Station Diary No. 28	
Informa	nt's Partice	ulars			
	Informant: BIN BABA		Address: 621B EDGEFIELD WALK #13	3-43 SINGAPORE 822621	
ID Type / ID No.: NRIC NO / S7431927J		27J	Contact No.: Home/Office:	Mobile: 82815233	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth:			Type of Informant: Driver		
Race: Malay		/	Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER		2	Driving Licence Information: Class: 3	Date of Expiry:	

Seneral Inform	mation of the Accide	ent			THEFT	A STATE OF THE PARTY OF THE PAR
Type of Accident:	Non-Injury Others		Drink Drive: No	Date/Time of Accident: 31/01/2018 17:50		Type of Location Car Park
Location: Along Road 1 TOA PAYOH Blk 200 Toa F						1011
Weather: Road Drizzling Wet		Road Surface: Vet		Road Speed Limit:		
Hame How.			ffic Control: Controlled		Traff Light	ic Volume:
Type of Collis	ion: ring Vehicles - Side S	wipe - Op	posite Directi	on		one conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC6945U	Van	NISSAN			Slightly Damaged	1
YM9408J	Lorry	MITSUBISHI			Slightly Damaged	0

#### **Police Report**





2 of 3 Report No. T/20180131/2141

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207 CONTINUATION OF REPORT

Tel No: 1800-2549999

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### Police Report





3 of 3

Report No. T/20180131/2141

Police Station Of Origin:

Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207 CONTINUATION OF REPORT

Tel No. 1800-2549999

## 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: E / Sgt 2 LIM HUAN JING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/01/2018 19:14
Officer In Charge Of Case: TP / GIAV SING SIEW PING SN 062 Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	