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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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. 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

	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	2
Email Address	NOEMAIL
Mobile Phone No	*
Alternative Phone No	OFFICE-68482002
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	2
Exact Purpose for which vehicle was being u- time of accident	sed at COMMERCIAL USE
Are you claiming under your own insurance p for repair to your vehicle?	policy 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
NRIC No	S7431927J
Date Of Birth	21/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2002
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82815233
Fax Number	

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

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)

3

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?

NÓ

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC6945U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

Page 2 of 16

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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.
- 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.
- 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 aforesald.
- 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 :
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) 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")
- 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:
 - 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

01/02/18

Name

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls	1efr	to	the	pohie	repo	A: T	/20180	131/2
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DECLARATION

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

Policyholder s Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

ym 01/02/18

NRIC/FIN No.





1 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

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 118 19:14	lade:	Vide Report No.:	Station Diary No.: 28
Informa	nt's Partic	ulars		
	Informant: BIN BABA		Address: 621B EDGEFIELD WALK	#13-43 SINGAPORE 822621
	/ ID No.: D / S743192	27J	Contact No.: Home/Office:	Mobile: 82815233
National	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 21/09/1974	Type of Informant: Driver	
Race: Malay		17	Language: English	Institution / School Name:
Occupat	ion: RY DRIVER	2	Driving Licence Informatio Class: 3	n: Date of Expiry:

General Infor	mation of the Accide	ent			
Type of Accident:	Non-Injury Others	B .	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		*		ia di	4)
Weather: Drizzling		Road Wet	Surface:	n 8 0 %	Road Speed Limit:
Traffic Flow: One Way		100000000000000000000000000000000000000	c Control:		Traffic Volume: Light
Type of Collis	sion: ving Vehicles - Side S	wipe - Opp	osite Directi	on	Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC6945U		NISSAN .			Slightly Damaged	1
YM9408J	Lorry	MITSUBISHI			Slightly Damaged	0





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

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.





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 SIN APULL SIN DE SIN 062 Staff Sat TANG SIEW PING Contact No.: 65476430	Classification Of Case:

ACCIDENT STATEMENT

1. DETAILS OF VE	HICLE JM94087	
		N 8
b)INSURANCE	COMPANY:	
C)POLICY NUM	ABER:	
d)POLICY TYP	E: (COMPREHENSIVE / THIRD PA	RTY / THIRD PARTY FIRE &THEFT
e)MAKE & MC	DEL:	
	N / COUPE / MPV /V AN LORE	PY MOTOPCYCLE / OTHERS
g) VEHICLE CA	TEGORY: (PRIVATE / COMMERC	MOTORCTELE, OTHERS)
h)PURPOSE OF	USING AT ACCIDENT TIME:	THE MOTORCICLE)
IJARE YOU CLA	AIMING UNDER YOUR OWN INSI	IDANICE (VES/SIG)
IF NO. PLEASE	STATE THIRD PARTY CLAIM OR	PERORTING ONLY
2. INSURED / POL	ICY HOLDER	REPORTING ONEY)
A)NAME:	- THOUSER	(14.415.7554.415)
b)NRIC/FIN/PA	SSPORT:	(MALE / FEMALE)CONTACT:
c)ADDRESS:	Control Contro	CONTACT
* CONTINUE TO	3.d IF DRIVER ALSO POLICY HO	DIDER
(Including driver) DINRIC/FIN/PA		SEDER
(Included) a) NAMERALM	INC 3 BARA	(AAA) E (SEAAAS)
binRIC/FIN/PA	1,46618445 :120dss	(MALE / REMALE) CONTACT: 82815322
(3) CIADDRESS (A)	118 KOGRFIRLD WALK #	13-43
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YOU ARE-LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight << 2500kg Class 3

NP 428A

14-01-2009 6218 EDGEFIELD WALK #13-43 SINGAPORE 822621 Date: 08/02/2011 NRIC No: S7431927J No: 6689588

First Capital Insurance Limited

GST Reg. No. M2-0001676-9 A FAIRFAX Company

CERTIFICATE OF INSURANCE

ORIGINAL

Company Reg. No. 195000106C

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

: COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Third Party

Certificate No.

: D-17087637MFCV/153

Vehicle No / Chassis No

: YM9408J / FE83BEA11079

Name of Insured

SIANG HOCK HOLDING PTE LTD

Period Of Insurance

01.04.2017 To 31.03.2018

Insured Estimated Value

: 0.00

FXCESS: AS INDICATED BELOW

Authorised Driver ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Insured's business:-

(a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-

(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$1,000.00 on All Claims (for Long Term Lease - 1 year or more)

S\$4,000.00 on All Claims (for Short Term Lease - less than 1 year)

S\$1,000.00 on All Claims (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess: S\$3,000.00 on All Claims (for Long Term Lease - 1 year or more)

S\$8,000.00 on All Claims (for Short Term Lease - less than 1 year)

S\$2,000.00 on All Claims (for Staff)

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to use

Use in connection with the Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

Use for social, domestic and pleasure purposes.

The Policy does not cover:-

Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

> First Capital Insurance Limited (Approved Insurers)

SUSAN/A0151/MZ301A2

Issued at Singapore on 05.04.2017

Authorised Signature