SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

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 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	05/02/2018 11:01			
Date Of Accident	02/02/2018 17:15			
Exact Location Of Accident	SCOTTS RD JUST BESIDE AMERICAN CLUB			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBE3733Z			
Insured/Policyholder				
Name Of Registered Owner	FOREVER ALUMINIUM CONSTRUCTION			
Co Reg No	_			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-93873755			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	NV350			
Exact Purpose for which vehicle was being used at time of accident	BACK HOME			
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	DMCVSN3085671702			
Cover Note Number	-			
Driver				
Name of Driver	TAN CHWEE HOCK			
NRIC No	S1691496G			
Date Of Birth	25/09/1965			
Occupation	OUTDOOR			
Date Of Driving Pass	02/11/1983			
Driving Experience	34 YEARS AND 3 MONTHS			

MALE

(LOCAL) +65-93873755

FOREVER ALUMINIUM@HOTMAIL.COM

Address BLK 853 TAMPINES ST 83 #11-228

Postcode 520853

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
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?

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 FR5841R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

1

Name of Driver ZAINUDIN BIN MOHAMED NASIR

NRIC/Passport Number S1505810B Contact Number 85414531

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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)

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 the purpose of the collective of the purpose of the collective of the purpose 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")
- 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.

FOREVER ALUMINIUM CONSTRUCTION

31 Lorong 32 Geylang, Singapore 358251 Mailing Address: Blk 653, #11-228 Tampines Street 63, Singapore 520653

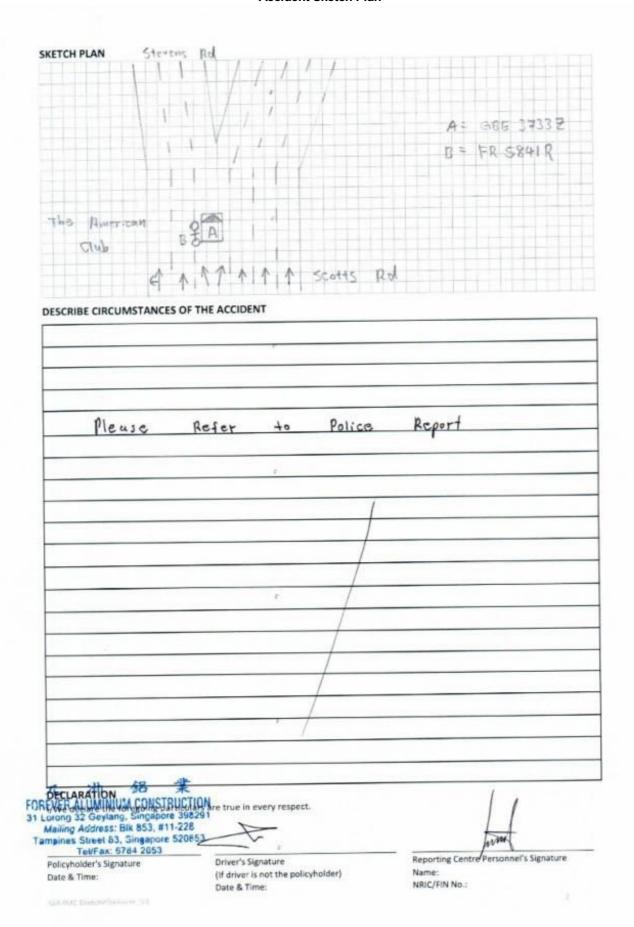
Tel/Fax: 5784 2653

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



POLICE REPORT



1 of 3

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20180202/2139

Date/Time Report Made: 02/02/2018 18:58			Vide Report No.:	Station Diary No.: 90	
	nt's Particu	ılars			
Name of	Informant: WEE HOCK		Address: APT BLK 853 TAMPINES STF 520853	REET 83 #11-228 SINGAPORE	
ID Type / ID No.: NRIC NO / S1691496G Nationality: SINGAPORE CITIZEN		96G	Contact No.: Home/Office: Mobile: 93873755		
			Email:		
Sex: Age: Date of Birth: Male 52 25/09/1965		Date of Birth:	Type of Informant: Driver	I November	
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Construction			Driving Licence Information: Class:	Date of Expiry:	

seneral intori	mation of the Accident	Drink	Date/Time of	Type of Location	
Type of Accident:	Non-Injury Conveyed By Ambula	nce Drink No	Accident: 02/02/2018 17:15	Straight Road	
	AD AD JUST BESIDE AMERIC	CAN CLUB		Road Speed Limit:	
Weather: Raining		Wet		VCCCCCCC MA	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			1	Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d			To an arrangement of	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR5841R	Motorcycle				Slightly Damaged	0
GBE3733Z	Van	NISSAN	NV350	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



Report No. T/20180202/2139

Police Station Of Origin:

Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

CONTINUATION OF REPORT Tel No: 1800-5871999

Rider			0- 10-		ALL EDWINSON STATE
Name	ZAINUDIN BIN MOHAMED NASIR		ID No.		S1505810B
Related Vehicle	FR5841R (Mo'torcycle)		Contact No.		85414531
Hospital/Clinic	NIL			Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis				
No. of Days gran	ted Medical Leave NIL	Degree o	finjury	NIL	
Driver				200	
Name	TAN CHWEE HOCK		ID No		S1691496G
Related Vehicle	GBE3733Z (Van)		Conta	ct No.	93873755
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc			
No. of Days gran	Degree o	Degree of Injury NIL			

On 02/02/2018 at about 1715hrs while I was driving my van along Scotts Road towards Newton Circle near the American Club. It was raining and the traffic volume was heavy. While driving slowly suddenly I heard a bump from the left side. I stop my van and make a check. I discovered a motorcycle is beside had fallen. I assist him to carry his motorcycle. He informed me that his left leg is pain due to the fall and passerby called for ambulance. He was than conveyed by ambulance:

I wish to state that I was on my lane and was not aware that the motorcycle was beside me until the slight collision occurred. My taxi has a slight scratch mark on the left passenger door. I am lodging this report as the rider was conveyed by ambulance.

POLICE REPORT





3 of 3 Report No. T/20180202/2139

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

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 MUHAMMAD AL-HASSAN BIN ABDUL RAHMAN		Signature Of Informant:				
Signature Of Interpret Not applicable	er.	Date/Time 02/02/201				
Officer In Charge Of Case: TP / GIT /		Classifica	ation Of Case:			
Contact No.	SINGAPORE POLICE FORCE					
Authentication Stamp NP168	- 6					
	SIGNATURE					

DRIVING DOC



































