

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 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	02/03/2018 12:36
Date Of Accident	28/02/2018 17:45
Exact Location Of Accident	ALONG UBI AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5219A
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Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	

Driver

Name of Driver	KEE KOK PENG
NRIC No	S2559223I
Date Of Birth	10/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93852228
Fax Number	
Contact Number	OFFICE-93852228
Email Address	NOEMAIL

Address	BLK 308 CANBERRA ROAD #12-107
Postcode	750308
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : MICHAEL GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 74 MARINE DRIVE #01-35 , POSTCODE: 440074 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4409999 - FAX NO: 64474182
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180228/2127.

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 Witness 1

Name	MICHAEL
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD4959M
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

IBRAHIM BIN BAKHTIAR APANDI

NRIC/Passport Number

S8514485E

Contact Number

97996413

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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:

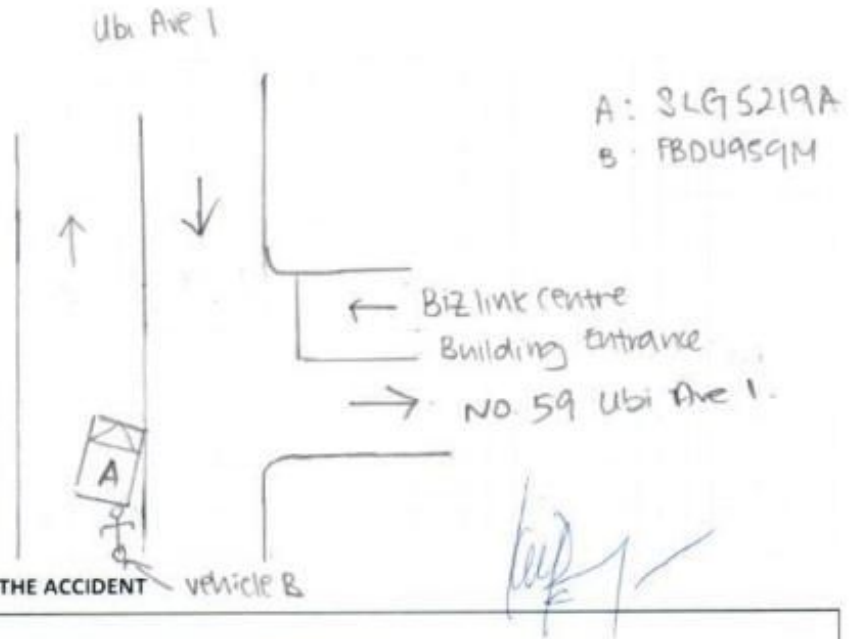


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report No: -
T/20180228/2127 dtd 28.02.18.

After the accident, the rider of
FB5 4959M demand \$200 from
me as a compensation for his medical,
but I did not give and I
proceed to report to
police of his action.

[Signature]

DECLARATION

I/We declare the following 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:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180228/2127

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Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

Report No. T/20180228/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2018 19:42	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: KEE KOK PENG			Address: APT BLK 308 CANBERRA ROAD #12-107 SINGAPORE 750308	
ID Type / ID No.: NRIC NO / S25592231			Contact No.: Home/Office: Mobile: 93852228	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 10/11/1964	Type of informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2018 17:45	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 1				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4959M	Motorcycle	YAMAHA		Red		0
SLG5219A	Car	TOYOTA	ALTIS	Silver		2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180228/2127

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Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

Report No. T/20180228/2127

CONTINUATION OF REPORT

Rider			
Name	IBRAHIM BIN BAKHTIAR APANDI		ID No. S8514485E
Related Vehicle	FBD4959M (Motorcycle)		Contact No. 97996413
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
Driver			
Name	KEE KOK PENG		ID No. S2559223I
Related Vehicle	SLG5219A (Car)		Contact No. 93852228
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	MICHAEL		ID No. NIL
Related Vehicle	SLG5219A (Car)		Contact No. 81333882
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 the 28/02/2018 at about 1745hrs, I was driving along Ubi Avenue 1 with 2 passengers in my vehicle. It was a two way traffic with one lane each. I was planning to turn into the Bizlink Centre. I signal my intention to turn and slow down when I am approaching the junction to turn into Bizlink. As I saw the incoming traffic was clear, therefore I proceed to turn right. Suddenly, I hear a sound of impact from the rear of my vehicle. When I get down the vehicle, a motorcycle bearing plate number FBD4959M was behind my vehicle. I saw the right rear side of my vehicle had a scratch mark and paint. The rider injured his left ankle. The rider did not suffer any abrasion on his body. The rider is still able to walk and stand up after the incident.

I would like to state that there is a front in car camera in my vehicle. There were no traffic or ambulance came to scene when I left. The rider told me that he will called the ambulance.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180228/2127

3 of 4

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Police Report



SINGAPORE
POLICE FORCE



T/20180228/2127

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Tel No: 1800-4409999

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Report No. T/20180228/2127

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 1 MICHAEL LEE CHOON WEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2018 19:42
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp: NP168 SIGNATURE 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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