

## 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	03/03/2018 12:52
Date Of Accident	01/03/2018 20:35
Exact Location Of Accident	ALONG BOON LAY DRIVE CARPARK AREA OPP BLK 174
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9041L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SM GROUP (1988) PTE LTD
Co Reg No	198804312K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63489909

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ000216-R00
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FAUZEE BIN ABDUL RAHIM
NRIC No	S8819755J
Date Of Birth	09/06/1988
Occupation	INDOOR
Date Of Driving Pass	09/05/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82040988
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 120 YISHUN RING ROAD #10-439
Postcode	760120
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	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?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: A/20171115/2011.

#### 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	GBF5017P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAU YONG FONG
NRIC/Passport Number	S7627548C
Contact Number	88186328
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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7. 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:
  - (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:



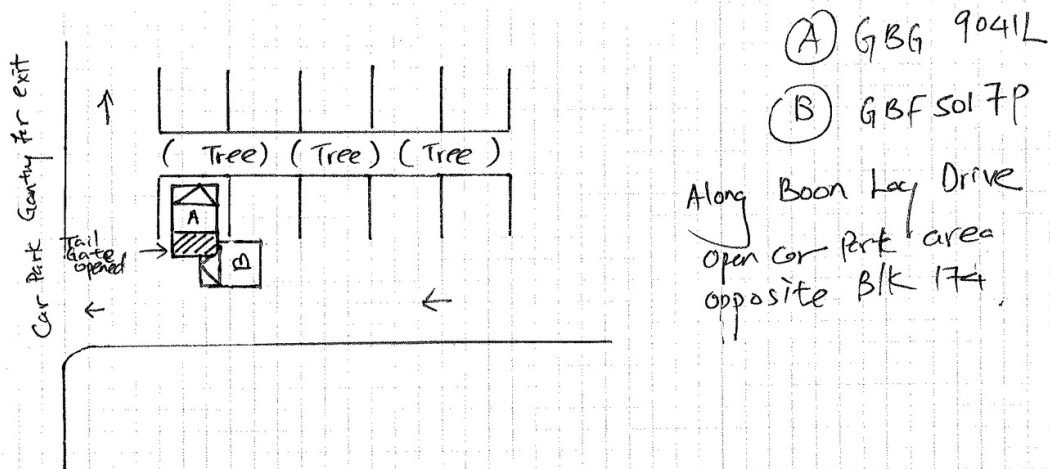
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

3/3/18

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

PREC 90

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01-03-2018 @ about 2036hrs, i was tidy up my stuff beside my van (GGG 9041L) with Tail Gate and sliding doors open up but my van's engine is off. My van parked at car park areas of Boon Lay Drive opposite Bk 174. Suddenly i felt a strong jerking and heard a loud bang sound and i realized that Vehicle B (GBF 5017P) grazed over <sup>behind</sup> my van's opened tail gate. Hence i hereto lodge this report to claim against Vek B's Insurance for my accident damages caused by Vehicle B.

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:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



A/20171115/2011

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**POLICE REPORT (NP322)**

Report No. A/20171115/2011

Police Station Of Origin  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Date/Time Report Made 15/11/2017 03:40	Vide Report No.	Station Diary No. 26
Name Of Informant MUHAMMAD FAUZEE BIN ABDUL RAHIM	Address APT BLK 120 YISHUN RING ROAD #10-439 SINGAPORE 760120	
ID Type / ID No. NRIC NO / S8819755J	Contact No. Home/Office	Mobile 82040988
Nationality SINGAPORE CITIZEN	Email Address	
Occupation UBER RIDER	Sex Male	Age 29
Institution/School Name	Date of Birth 09/06/1988	Race Malay
Date/Time Of Incident 14/11/2017 23:30	Location Of Incident LAVENDER STREET SINGAPORE	

**Brief details.**

On the above mentioned date, time and location, I discovered the loss of the below under mentioned item. I am unsure when and where did I dropped it. I make a search but to no avail. That is all.

**Property Information**

Signature Of Officer Recording The Report.

A / Staff Sgt LO YONG CONG, JOSHUA

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
Insp LEE JUN LONG  
Contact No.: 62240000

Authentication Stamp



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:  
15/11/2017 03:40

Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE  
POLICE FORCE**



A/20171115/2011

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POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. A/20171115/2011

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence			1		Singapore Lic: MUHAMMAD FAUZEE BIN ABDUL RAHIM (NRIC NO S8819755J)

Signature Of Officer Recording The Report:

A / Staff Sgt LO YONG CONG, JOSHUA

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

A / Central Police Divisional Investigation Branch /  
Insp LEE JUN LONG  
Contact No.: 62240000

Authentication Stamp



Singapore Police Force

SN 12

Signature Of Informant:

Date/Time:  
15/11/2017 03:40

Classification Of Case:

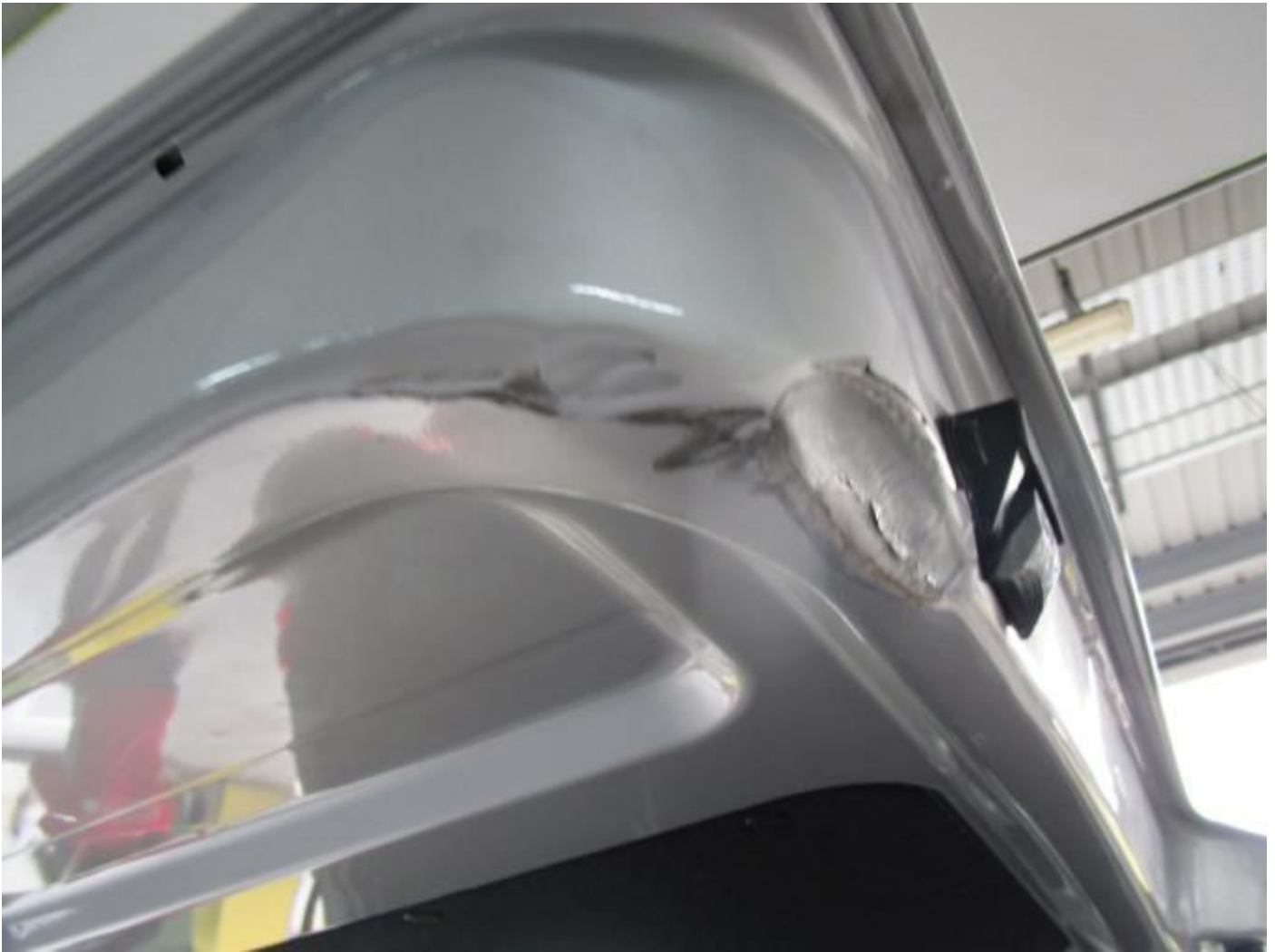
FUPO hotline number: 68429645

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo







Accident Photo

