

video

Date of Accident : 1/4/18 Accident Time: 4.30 pm (24-HR-Format)

Accident Place : Junction of Mandai Road

Vehicle. No. (Car Plate No.) : GBD 664R Make/Model: Toyota Hiace 3.0

Insurance Company : G A I G Policy No: 53290638A

Owner or Company Name / IC No. : Horus Eventz / 53290638A

Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Dass Colin Joseph / 5832499B

DRIVER'S Date Of Birth : 13/8/1983 DRIVER'S License Pass Date 27/01/2015

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : Blk 865 Yishun st 81 #02-07 5760865

DRIVER'S Contact No. / Alt No. : 1) 98896641 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle. No: SLM 732K (AIG)

Vehicle. No: _____

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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**.
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 liability**.
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. 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.
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.

OPUS
HORUS
EVENTS

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.:

A - GBD 664

B - SLM 732

A - GBD6641R
B - SLM732K

Refer to the police report

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

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



SINGAPORE POLICE FORCE



T/20180402/2001

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20180402/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 00:48	Vide Report No.: J/20180401/0173	Station Diary No.: 11
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Informant's Particulars

Name of Informant: DASS COLIN JOSEPH			Address: APT BLK 865 YISHUN STREET 81 #02-07 SINGAPORE 760865		
ID Type / ID No.: NRIC NO / S8324499B			Contact No.: Home/Office: Mobile: 98896641		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 13/08/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: DELIVERY CONTRACTOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/04/2018 16:30	Type of Location: T-Junction
Location: Along Road 1 MANDAI ROAD				
Towards woodlands road				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6641R	Van				Totally Damaged	0
SLM732K	Car				Totally Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180402/2001

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180402/2001

CONTINUATION OF REPORT

Driver				
Name	DASS COLIN JOSEPH		ID No.	S8324499B
Related Vehicle	GBD6641R (Van)		Contact No.	98896641
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/04/2018		Date Discharge	01/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

~~On 01/04/2018 at about 1630hrs. While I was travelling along mandai road going towards woodlands road, in the midst of driving pass the T junction suddenly there is a vehicle SLM732K who was planning to turn right to BKE, collided on to the right side of my vehicle GBD6641R which cause the lower front, right door and right rear of my vehicle to be damaged.~~

Due to the accident my vehicle collided onto the drain guard which cause it to fell into the drain.

When the accident happen I do have my dash cam on and I had hand over my dash cam SD card to traffic police. There is ambulance at scene as well but I was not being conveyed to the hospital.

I am lodging this report as requested by traffic police.



**SINGAPORE
POLICE FORCE**



T/20180402/2001

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Report No. T/20180402/2001

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Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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: F / Sgt 2 LUM JUN KAI <i>JLK</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 02/04/2018 00:48
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case: SN 085
Authentication Stamp NP168	Signature: <i>JLK</i> <i>[Signature]</i>

Singapore Police Force

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

MOTOR COVER NOTE: MT20177914

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover is terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: HORUS EVENTZ
Insured Nric/Passport No/ Roc	: 53290638A
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: TOYOTA HIACE 3.0 DX DIESEL TURBO M/T 2WD 4DR LG
Vehicle Registration No.	: GBD6641R
Year Of Manufacture	: 2014
Engine No.	: 1KD2428605
Chassis No.	: KDH2010146619
Engine Capacity/ Tonnage/ Seater	: 1.42 TONS
Hire Purchase	: ABWIN PTE LTD
Value (S\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 28/02/2018 TO: 27/02/2019
Excess (S\$)	: Section I : \$1000
	: Section II : Nil
	: Windscreen Excess : \$100
Great American Authorized Workshop	: YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorized Signatory

Date of Issue : 26/02/2018
Intermediary : NLE Insurance Agencies Pte Ltd
Cover Note Validity : 30 days from the Date of Issuance

MTR/COVERNOTE/V02/16