

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	04/05/2018 12:17
Date Of Accident	27/04/2018 21:30
Exact Location Of Accident	JUNC STRAITS BLVD & CENTRAL BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5515H
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	201538271R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18090244MFZH/1
Cover Note Number	

Driver

Name of Driver	HAU ZA CHIN SUANTE
NRIC No	S7487895D
Date Of Birth	27/03/1974
Occupation	INDOOR
Date Of Driving Pass	30/08/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90277108
Fax Number	
Contact Number	OFFICE-90277108
Email Address	NOEMAIL

Address	BLK 119 LORONG 1 TOA PAYOH #07-455
Postcode	310119
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180430/2125.

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	SLP1116S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH KENG WEI
NRIC/Passport Number	S9023980E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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:

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

Accident Sketch Plan

SKETCH PLAN



A: SKB551TH

B: JLP116S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2180470/2125.

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/TIN No.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180430/2125

1 of 2

POLICE REPORT (NP299)

Report No. T/20180430/2125

Police Station Of Origin
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Date/Time Report Made 30/04/2018 18:46	Vide Report No.	Station Diary No.
Name Of Informant HAU ZA CHIN SUANTE	Address APT BLK 119 LOR 1 TOA PAYOH #07-455 HDB-TOA PAYOH SINGAPORE 310119	
ID Type / ID No. NRIC NO / S7487895D	Contact No. Home/Office	Mobile 90277108
Nationality INDIAN	Email Address	
Occupation SENIOR SOCIAL WORKER	Sex Male	Age 44
Institution/School Name	Date of Birth 27/03/1974	Race
Date/Time Of Incident 27/04/2018 21:40	Location Of Incident STRAITS BOULEVARD SINGAPORE	

Brief details.

AT THE ABOVE MENTIONED DATE AND TIME

I WAS TURNING FROM STRAITS BLVD TWDS CENTRAL BLVD LANE 4 WHEN ANOTHER CAR SLP1116S TURNED ALONG LANE 3. MY VEHICLE DID NOT HIT HIS VEHICLE BUT HE CLAIMED THAT I HIT ONTO HIS VEHICLE. WE BOTH EXCHANGED PARTICULARS AS HE INSISTED ON IT.

I AM LODGING THIS REPORT FOR RECORD PURPOSES AND TO DISCLAIM LIABILITY.

Signature Of Officer Recording The Report: TP / TAN KIN WAH <i>f.</i>	Signature Of Informant: <i>Ha Za Chin</i>
Signature Of Interpreter: Not applicable	Date/Time: 30/04/2018 18:46
Officer In-Charge Of Case: TP / Traffic Police Division HQ / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	Classification Of Case:
Authentication Stamp	

Police Report



SINGAPORE
POLICE FORCE



T/20180430/2125

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20180430/2125

Subjects Involved	
Victim	
Person Name	HAU ZA CHIN SUANTE (Informant)

Signature Of Officer Recording The Report:

TP / TAN KIN WAH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
TP / Traffic Police Division HQ /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Authentication Stamp

Signature Of Informant:

Suan Zhai

Date/Time:
30/04/2018 18:46

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

