

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	08/06/2018 10:30
Date Of Accident	07/06/2018 10:30
Exact Location Of Accident	101 MERANTI (JURONG ISLAND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8648J
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90897413
Alternative Phone No	OFFICE-90897413

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-18090702MFBP
Cover Note Number	

Driver

Name of Driver	KYATHAM LAXMINARSAIAH
Passport No/FIN	G2017098R
Date Of Birth	15/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90897413
Fax Number	
Contact Number	OTHERS-90897413
EEmail Address	NOEMAIL

Address	KPW SINGAPORE PTE LTD
Postcode	
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180607/2141

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	34459MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. By the lodging 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.

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 Ministry Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any relevant investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) arranging and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims including the making of correspondence, statements, invoices, reports or notices to me, which must involve disclosure of certain personal data about me to bring about delivery of the same as well as via the national chain 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, regulation, 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 Signature
Date & Time

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time

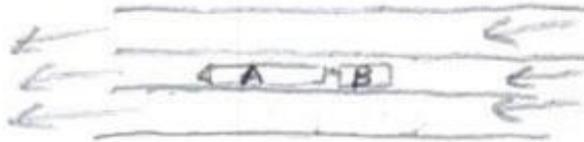
[Signature] 8/6/2018
Reporting Centre Personnel's Signature
Name
SINC/TA No.

Sketch Plan #2

SKETCH PLAN

A - PA8648J
B - 34459 MID

ADDRESS = 101MERANTI
JURONG ISLAND



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— P/s Refer to the Police Report —
T/20180607/2141

DECLARATION

(We declare that the above particulars are true in every respect.)



Policyholder's Name
Date & Time

[Handwritten Signature]

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

[Handwritten Signature] - 8/6/2018

Reporting Centre Personnel's Signature
Name
NRIC/ID No.

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180607/2141

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No: T/20180607/2141

CONTINUATION OF REPORT

Driver:			
Name	Unknown Driver		ID No. NIL
Related Vehicle	34459MID (MIDDEF Vehicle)		Contact No. NIL
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	KYATHAM LAXMINARSAIAH		ID No. G2017098R
Related Vehicle	PA8648J (Bus/Coach/Minibus)		Contact No. 90897413
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: 26/01/2020
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 07/06/2018 at about 1030hrs, I was travelling along Meranti Road. As I was travelling near to 101 Meranti Road, in Jurong Island, suddenly I heard a loud noise and I thought is my vehicle tyres punctuated.

I then stopped my vehicle and discovered that there was a MINDEF vehicle who believed to be travelling on the rear of my vehicle had collided onto the rear side of my vehicle. The police have attended to the scene and advised me to lodge a police report regarding this issue. No in car camera in my vehicle and I am not sure whether any CCTV around the vicinity. No one injured during the said accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

Warning!

rear lighting should be hidden by the side boards or by open rear doors, the vehicle must be properly indicated, with emergency triangles or other mechanisms provided for this purpose.

A 639 584 53 38

8618394

CHASSIS NO : WDB9066572S278737
U.W. : 3120 KG
M.L.W. : 5050 KG
TYRE SIZE : F.195/75R.16C
R.195/75R.16C(D)
PASS. CAP : F.1 DRIVER 2 OTHER
R.21 PASSENGERS

Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180607/2141

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3
Report No. T/20180607/2141

CONTINUATION OF REPORT

Driver:			
Name	Unknown Driver		ID No. NIL
Related Vehicle	34459MID (MIDEF Vehicle)		Contact No. NIL
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	KYATHAM LAXMINARSAIAH		ID No. G2017098R
Related Vehicle	PA8648J (Bus/Coach/Minibus)		Contact No. 90897413
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: 26/01/2020
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Police Report



SINGAPORE POLICE FORCE



T:20180607/2141

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689599

3 of 3

Report No: T:20180607/2141

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: Sgt 2 PERRY P NG WEE PHONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2018 16:59
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp: 	