

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	07/06/2018 16:25
Date Of Accident	06/06/2018 12:30
Exact Location Of Accident	KAMPONG KAPOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	QX1132T
Insured/Policyholder	
Name Of Registered Owner	MINISTRY OF MANPOWER
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91877205

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	GOVERNMENT

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18089740MFQC/2
Cover Note Number	

Driver

Name of Driver	SUNNY ALFIEN SALEH
NRIC No	S7303070F
Date Of Birth	28/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	08/05/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91877205
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 154 SIMEI ST 1 #03-65 SINGAPORE
Postcode	520154
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	3
Passenger 1	NAME: : SHAIFUN GENDER: : MALE
Passenger 2	NAME: : RITZALEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2829999 - FAX NO: 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ9998S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	ABDUL WAHID SAHABUDEEN
NRIC/Passport Number	
Contact Number	91075583
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.

FOREIGN MANPOWER MANAGEMENT DIVISION
MINISTRY OF MANPOWER SERVICES CENTRE
1500 BENDEMEER ROAD #02-01
SINGAPORE 339946

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.:



DECLARATION

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180607/2081

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

1 of 3

Report No. T/20180607/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2018 13:06	Vide Report No.:	Station Diary No.: 13
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Informant's Particulars			
Name of Informant: SUNNY ALFIEN SALEH		Address: APT BLK 154 SIMEI STREET 1 #03-65 SINGAPORE 520154	
ID Type / ID No.: NRIC NO / S7303070F		Contact No.: Home/Office: Mobile: 91877205	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 28/01/1973	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Senior Employment Inspector		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 06/06/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 KAMPONG KAPOR ROAD				
Along Kampong Kapor road, parallel parking lot 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
QX1132T	Car					0
SKQ9998S	Car					0

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

Accident Sketch Plan Pg. 1



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SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20180607/2081

CONTINUATION OF REPORT

Driver			
Name	SUNNY ALFIEN SALEH		ID No. S7303070F
Related Vehicle	QX1132T (Car)		Contact No. 91877205
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Abdul Wahid Sahabudeen		ID No. S2739650Z
Related Vehicle	SKQ9998S (Car)		Contact No. 91075583
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 06/06/2018 at about 1230hrs, I was on official duty and I was driving a Ministry Of Manpower unmark vehicle QX1132T (SKS2302K). The vehicle was parked along Kampong Kapor Road at a parallel parking lot 9 with me and my colleague in the vehicle. At that time, there is an empty parking lot behind our vehicle and a vehicle SKQ9998S came and tried to park his vehicle at the said parking lot. When the driver was reversing his vehicle to park, the front right bumper of the vehicle had collided onto the rear left side bumper of our vehicle.

We then came out of the vehicle and took down the driver particular. No one injured and no other government property damaged.

Accident Sketch Plan Pg. 1



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T/20180607/2081

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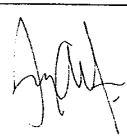
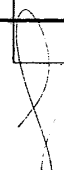
Report No. T/20180607/2081

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: E / Staff Sgt CHUA JUN JIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2018 13:06
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE  SIGNATURE SN 057

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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