#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/06/2018 10:32
Date Of Accident	09/06/2018 13:00
Exact Location Of Accident	ALONG QUEENSWAY ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA1807D
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	_
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67415520
Vehicle Particulars	
Manufacturer	RENAULT
Model	KANGOO DC170
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	7VCT1737490
Cover Note Number	
Driver	
Name of Driver	MOHD AMIN BIN JAMIN
NRIC No	S2708060Z
Date Of Rirth	21/01/1967

 NRIC No
 \$2708060Z

 Date Of Birth
 21/01/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/01/2003

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90405352

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 2 JALAN BUKIT MERAH

#06-5138

Postcode 150002

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER(COMPANY)

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

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**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

Number of Passengers (Including Driver)

ambulance?

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TELOK BLANGAH NPP

Police Station Address ROAD: 51 TELOK BLANGAH DRIVE #01-116, POSTCODE: 100055,

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT:D/20180629/2054

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 SJL3490S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver GOH LINDA

NRIC/Passport Number Contact Number S7809861I 81883939

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
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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)
  - (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:

30/06/18

30/06/18

Name

NRIC/FIN No.:

#### **Accident Sketch Plan**

	ALONG QUEENSWA	Y KB
GBA1807D		
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51234905		+
	ABMA	+
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
0/ //	(1	-,
Pls regu do	the police report: of	120180629/205
0		
ECLAPATION		
ECLARATION We delive the foregoing particulars	are true in every respect.	
We declare the foregoing particulars		P
We decide the foregoing particulars :	are true in every respect.  30/16/18	Lym 30/06/

Date & Time:

NRIC/FIN No.:





180629/2054

Report No. D/20180629/2054

## POLICE REPORT (NP299)

Police Station Of Origin Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

Date/Time Report Made 29/06/2018 16:36	Vide R	eport No.		Station Diary No.
Name Of Informant MOHD AMIN BIN JAMIN		K 2 JALAN	BUKIT MERAH #	06-5138
ID Type / ID No. NRIC NO / S2708060Z	Contact Home/C		Mobile	
Nationality MALAYSIAN	Email A	ddress	90405352	
Occupation Land surveyor	Sex Male	Age 51	Date of Birth 21/01/1967	Race
Institution/School Name	Languaç	je .	121101111901	Malay
Date/Time Of Incident 09/06/2018 13:00 Brief details.		Of Incident	DRIVE SINGAPO	QUEENSWAY

On 09.0.6.2018 at about 1300hrs, I was driving a company rental van bearing registration no: GBA1807D and was travelling along Commonwealth Drive towards Quuensway Rd after ESSO Petrol Station. A car in front of me bearing registration no: SJL3490S suddenly jammed brake and I could not brake in time and hit her rear bumper which caused to be dented. We exchange particulars and she informed me that she will proceed with making claims through GIA. On 25.06.2018, the workshop called me and informed me that the lady driver had already make an insurance claims against me and will be submitting the claims through my insurance. I acknowledged the claims. Subsequently, my company advised me to

Signature Of Officer Recording The Report:	Signature Of Informant:
D / Staff Sgt MUHAMMAD RASIDI BIN NGAH	Ji.
Signature Of Interpreter: Not applicable	Date/Time: 29/06/2018 16:36
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp ELEANOR WONG CHEN HUI Contact No.:	Classification Of Case:
Authentication Stamp SN 04	5
	× ×
Singapore Police Force	

## **Individual Statement**





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180629/2054

lodge a police report for record purpose as to inform that the accident did happened and all claims will be made through insurance.

I wished to state that no one was injured at that point of time and I will also like to state that the purpose of me lodging this report is for my company record purpose.

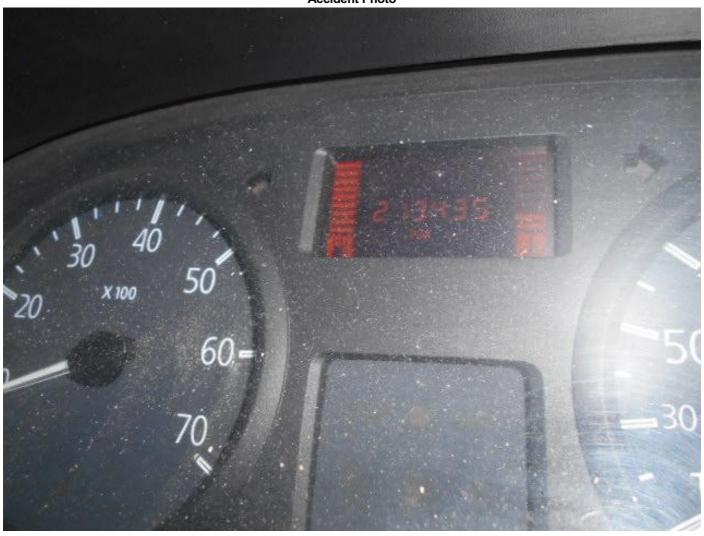
D / Staff Sgt MUHAMMAD RASIDI BIN NGAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/06/2018 16:36
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp ELEANOR WONG CHEN HUI Contact No.:	Classification Of Case:
Authentication Stamp	15
Singapore Police Force	













# D/20180829/2064

1 of 3

Report No. D/20180629/2054

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Police Station Of Origin Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

Date/Time Report Made 29/06/2018 16:36	Vide Report No. Station Diary No.
Name Of Informant MOHD AMIN BIN JAMIN	Address APT BLK 2 JALAN BUKIT MERAH #05-5138
ID Type / ID No. NRIC NO / \$2708060Z	SINGAPORE 150002 Contact No. Home/Office Mobile
Nationality MALAYSIAN	90405352 Email Address
Occupation and surveyor	Sex Age Date of Birth Race Male 51 21/01/1967 Malay
nstitution/School Name	Language
Date/Time Of Incident 09/06/2018 13:00	Location Of Incident ALONG QUEENSWAY  COMMONWEALTH DRIVE SINGAPORE RE
Brief details.	THE STATE OF THE RES

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Signature Of Interpreter: Not applicable	Date/Time; 29/06/2018 16:36
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp ELEANOR WONG CHEN HUI Contact No.:	Classification Of Case:
Authentication Stamp  SN mas  Singapore Police Force	

#### Police Report





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180629/2054

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D / Staff Sgt MUHAMMAD RASIDI BIN NGAH Signature Of Interpreter:	Signature Of Informant:
Not applicable	Date/Time: 29/08/2018 18:36
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Brand Insp ELEANOR WONG CHEN HUI Contact No.:	Classification Of Case:
Authentication Stamp	500.005
Smeanore Police Force	