

## 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	01/08/2018 15:13
Date Of Accident	28/05/2018 13:30
Exact Location Of Accident	MAIN GATE INTO BRANI TERMINAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	QY113A
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#### Insured/Policyholder

Name Of Registered Owner	MARITIME AND PORT AUTHORITY OF SINGAPORE
Co Reg No	-
Email Address	SANTANDERSHANK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94659894
Alternative Phone No	OFFICE-94659894

#### Vehicle Particulars

Manufacturer	RENAULT
Model	WHITE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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-18089318MFQC/1
Cover Note Number	

#### Driver

Name of Driver	MOHAMED KHIR BIN MA'AMIN
NRIC No	S7001947G
Date Of Birth	22/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94659894
Fax Number	
Contact Number	OTHERS-94659894
Email Address	SANTANDERSHANK@GMAIL.COM

Address	BLK 215A COMPASSVALE DRIVE #02-506
Postcode	541215
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	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	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)	2
Passenger 1	NAME: : MPA OFFICER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 KILLINEY ROAD , <b>POSTCODE:</b> 239572 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7359999 - <b>FAX NO:</b> 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180621/2132

#### 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	PC5472H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	EFFENDY
NRIC/Passport Number	
Contact Number	86145954
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

1/8/18 10:55am  
Policyholder's Signature  
Date & Time:

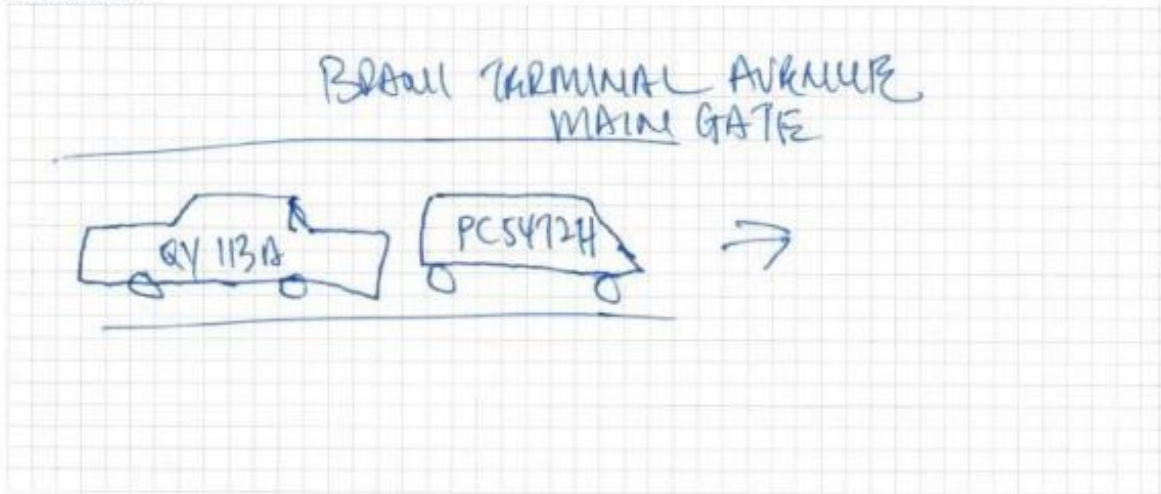
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

MARITIME AND PORT AUTHORITY OF SINGAPORE  
#18-00 PSA Building 400 Alexandra Road  
Singapore 119963  
Tel: (65) 6375 1600 Fax: (65) 6275 9247

Reporting Centre Personnel's Signature  
Name: Susan Lee  
NRIC/FIN No.: SXXXX 41395

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT*

*7/20/2011/2132*

## DECLARATION

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

*X*

Policyholder's Signature  
Date & Time:

*Kir*

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

*Ana 1/8*

Reporting Centre Personnel's Signature  
Name: *Susan Goh*  
NRIC/FIN No.: *SXXX 8139J*

GARMC SketchPlan form V3



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180621/2132

1 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20180621/2132

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2018 16:09		Vide Report No.:		Station Diary No.: 112	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED KHIR BIN MA'AMIN			Address: APT BLK 215A COMPASSVALE DRIVE #02-506 SINGAPORE 541215		
ID Type / ID No.: NRIC NO / S7001947G			Contact No.:		Mobile: 94659894
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 22/01/1970	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: EXECUTIVE DRIVER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 28/05/2018 13:30	Type of Location: Straight Road
Location: Along Road 1 BRANI TERMINAL AVENUE  Main Gate into Brani Island				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5472H	Van				Slightly Damaged	1
QY113A	Car				Slightly Damaged	1

## Details of Person Involved

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

## POLICE REPORT



POLICE FORCE



T/20180621/2132

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20180621/2132

## CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	PC5472H (Van)		Contact No. 86145954
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	MOHAMED KHIR BIN MA'AMIN		ID No. S7001947G
Related Vehicle	QY113A (Car)		Contact No. 94659894
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 28/05/2018 at about 1330hrs, I was driving a Singapore Marine Port vehicle QY113A towards Brani Island. I was entering Brani Island via the main gate.

As we are required to tapped our card to enter the gate, I accidentally move my feet from the brake. Hence the car rolled forwarded and hit onto the van (PC5472H) at the rear side.

We then exchange contact details and the van driver left in a hurry. We did not communicate after that as he was unreachable.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180621/2132

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20180621/2132

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 /

Sgt 2 PEA WEI LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/06/2018 16:09

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**





Accident Photo



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