#### 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

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	ACCIDENT STATEMENT
Date Of Report	07/09/2018 15:21
Date Of Accident	06/09/2018 15:00
Exact Location Of Accident	JUNC ADMIRALTY RD WEST & WOOLANDS AVE 8
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB5215E
Insured/Policyholder	
Name Of Registered Owner	M/S JIM'S FORCE SERVICES
Co Reg No	52916725E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97439445
Alternative Phone No	OFFICE-97439445
Vehicle Particulars	
Manufacturer	KIA
Model	KIA 2900L 5 M/T
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3054261800
Cover Note Number	
Driver	
Name of Deliver	MUUAAAAA FIRRAUG DIN GAFRI

Name of Driver MUHAMMAD FIRDAUS BIN SAFRI

NRIC No S9435951A

Date Of Birth 08/10/1994

Occupation OUTDOOR

Date Of Driving Pass 17/07/2018

Driving Experience 0 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81625832

Fax Number

Contact Number OFFICE-81625832

EMail Address NOEMAIL

Address BLK 759 YISHUN STREET 72

#03-286

Postcode 760759

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 - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number JQS7117 (PRIVATE CAR)

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

3

Number of Passengers (Including Driver)

,

Passenger 1 NAME: : MESWAN BIN IBRAHIM

GENDER: : MALE

Passenger 2 NAME: : NOR AZMAN SHAH BIN ABDUL AZIZ

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-8529999 - **FAX NO**: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - T/20180906/2143.

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 JQS7117

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver WONG KEE HUI

NRIC/Passport Number

Contact Number +60197938880

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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

NRIC/FIN No

### **Accident Sketch Plan**

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T/20180906/2143

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 1 of 3 Report No. T/20180906/2143

### REPORT OF A TRAFFIC ACCIDENT

To the Artist Art	Date/Time Report Made: 06/09/2018 20:58		Vide Report No.: T/20180906/2138	Station Diary No.: 123	
Inform	ant's Partic	ulars	horseless restricted and		
	of Informant	CAUS BIN SAFRI	Address: APT BLK 759 YISHUN STREI 760759	ET 72 #03-286 SINGAPORE	
	/ ID No.: O / S94359	51A	Contact No.: Home/Office:	Mobile: 81625832	
Nationa SINGAP	ity: PORE CITIZ	EN	Email:		
Sex: Male	Age: 23	Date of Birth: 08/10/1994	Type of Informant: Driver		
Race: Malay		P-DEPART	Language: English	Institution / School Name:	
Occupation: PEST CONTROL OFFICER			Driving Licence Information: Class: 3	Date of Expire	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/09/2018 15:00	Type of Location: X-Junction	
ADMIRALTY I		relty Road Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collisio	on: ig Vehicles - Head O		N. Maria	Anyone conveyed by ambulance:	

Details of 1	ehicle invo	ived			R MARIE	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB5215E	Lorry				Slightly Damaged	2
JGS7117	Car				Slightly Damaged	0



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999



2 of 3

Report No. T/20180906/2143

CONTINUATION OF REPORT

#### Brief Details.

On 06/09/2018 at about 1500hrs, I was travelling in my lorry ( Black/ GBB5215E) from Admiralty Road West toward Admiralty Road.

At the junction, it was still green light, when I cross the stop line I noticed there was two cars from the opposite direction turning right, I jammed brake but I did not managed to stop in time. The first car managed to make the full turn and got away but I collided with the second car (white honda / JGS7117) who followed closely behind the car in front.

There was no visible injury on my passengers but I advised them to see a doctor as they knocked their head against the windshield. I got out of my vehicle and discovered a slight damaged to my front bonnet and slight damaged to the front bonnet of the other vehicle as well. There was also no visible injury on the other party. I managed to exchanged particulars with her. There was no Traffic police or Ambulance at scene.

### Police Report



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999



3 of 3 Report No. T/20180906/2143

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 Informant: Signature Of Officer Recording The Report Sgt 2 BERNARD LAU MENG WAI Sot lee who Date/Time: Signature Of Interpreter, 06/09/2018 20:58 Not applicable SN 085 Classification Of Case: Officer In Charge Of Case: TP/GIA/ Staff Sgt WONG SIEU LUI Contact No.: 65476151 Authentication Stamp NP168



















