MFA318118324 / Falcon-Air Auto Services Pte Ltd - Tampines
ENTRY DATE & TIME: 12/09/2018 13:29
SUBMITTED BY: Janet Lim

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 12/09/2018 16:43

SINGAPORE ACCIDENT STATEMENT

RECEIVED
12 SEP 2018
LONPAC
SPORE

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 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 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	12/09/2018 13:29
Date Of Accident	10/09/2018 07:00
Exact Location Of Accident	ALONG JURONG PIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7399E
Insured/Policyholder	
Name Of Registered Owner	SHARIN BIN HARON
NRIC No	S7803778D
Email Address	WISHGB7399@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91694634
Alternative Phone No	OTHERS-91694634
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 X (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05018878
Cover Note Number	
Driver	
Name of Driver	SHARIN BIN HARON
NRIC No	S7803778D
Date Of Birth	27/02/1978
Occupation	INDOOR
Date Of Driving Pass	14/06/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91694634
Fax Number	
Contact Number	OTHERS-91694634
EMail Address	WISHGB7399@GMAIL.COM

Address	BLK403 BEDOK NORTH AVE 3 #10-237 RAIBOW VILLE
Postcode	460403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT ATTACH.

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	XE471M
Vehicle Make/Model/Colour	MIT FUSO
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)

DETAILS OF INJURED PERSON 1	
Name	SHARIN BIN HARON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGV7399E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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 liability.
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.

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.: 12/9/18

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: T/20180911/2138
attach

☑ claim OD / TP at Falcon-Air ☐ claim OD / TP Own W/shop ☐ Reporting Only

DECLARATION

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

Policyholder's Signature
Date & Time:

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

FALCON-AIR AUTO SERVICES PTE LTD TAMPINES

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

SINGAPORE POLICE FORCE

T/20180911/2138

Report No. T/20180911/2138

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/09/2018 17:08	J/20180910/0077	

Informant's Particulars

Name of Informant: SAHRIN BIN HARON			Address: APT BLK 403 BEDOK NORTH AVENUE 3 #10-237 RAINBOW VILLE SINGAPORE 460403
ID Type / ID No.: NRIC NO / S7803778D			Contact No.: Home/Office: Mobile: 91694634
Nationality: SINGAPORE CITIZEN			Email:
Sex: Male	Age: 40	Date of Birth: 27/02/1978	Type of Informant: Driver
Race:			Language: / Institution / School Name:
Occupation: ICA			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/09/2018 07:00	Type of Location:
Location: Along Road 1 JURONG PIER ROAD				
Weather:	Road Surface:		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV7399E	Car	TOYOTA	WISH 1.8X A	Red		0
XE471M	TRAILER	MITSUBISHI	FUSO FP51SDR3V DEA	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGV7399E	LONPAC INSURANCE BHD.	Z18VP05018878	26/06/2018	25/06/2019

SINGAPORE
POLICE FORCE

T/20180911/2138

Report No. T/20180911/2138

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SAHRIN BIN HARON	ID No.	S7803778D
Related Vehicle	SGV7399E (Car)	Contact No.	91694634
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/09/2018	Date Discharge	11/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

ON 10/9/2018 AT ABOUT 0659HRS AT JURONG PIER ROAD,

I WAS TRAVELLING ON THE LEFT AND THERE WAS A TRAILER IN FRONT OF ME. THE TRAILER STOPPED INFRONT OF ME AS THERE WAS A TRAFFIC LIGHT. WHEN THE TRAILER CAME TO A STOP, I APPLIED MY BRAKES AS WELL. HOWEVER, I WAS UNABLE TO STOP IN TIME AND COLLIDED INTO THE TRAILER. AFTER THE ACCIDENT, TRAFFIC POLICE AND AMBULANCE ATTENDED THE ACCIDENT. I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL.

SINGAPORE
POLICE FORCE

T/20180911/2138

Report No. T/20180911/2138

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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: TP / LEE KWANG HONG KENDRICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2018 17:08
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE

Signature: .....