

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	24/09/2018 12:02
Date Of Accident	09/09/2018 21:10
Exact Location Of Accident	SLE TWDS BKE B4 WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8874L
Insured/Policyholder	
Name Of Registered Owner	BRILLANT STARS ENTERTAINMENT
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97818914

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-003057
Cover Note Number	-

Driver

Name of Driver	MOHAMMAD BIN ABDUL RAHIM
NRIC No	S1801670B
Date Of Birth	18/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97818914
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 785A WOODLANDS RISE #05-124
Postcode	731785
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EX - EMPLOYEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

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 ambulance?	
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	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SKG6642R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

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:




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


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

Accident Sketch Plan

SKETCH PLAN

Unable to Provide Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please Refer to Police Report

DECLARATION

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


Policyholder's Signature
Date & Time:

CC-POL-001-00000000-0000-0000-0000-000000000000


On behalf of Brilliant Star
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20180924/7022

1 of 2

POLICE REPORT (NP299)

Report No. J/20180924/7022

Police Station Of Origin
Jurong Police Divisional HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No 1800-7910000

Date/Time Report Made 24/09/2018 11:48	Vide Report No.	Station Diary No.
Name Of Informant TAY SIONG SENG	Address APT BLK 936 HOUGANG STREET 92 #02-61 SINGAPORE 530936	
ID Type / ID No. NRIC NO / S11815971	Contact No. Home/Office:	Mobile: 94595330
Nationality SINGAPORE CITIZEN	Email Address alfred@appliedgroup.com.sg	
Occupation DIRECTOR	Sex Male	Age 61
	Date of Birth 28/11/1956	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 09/09/2018 21:10	Location Of Incident SELETAR EXPRESSWAY	

Brief details.

Amend the Police report. : F/20180924/7012

I make the accident report behalf of my company, i working as a General Manager, Applied Logistics Pte Ltd (201216625N) Registered Address : No 27 Penjuru Lane, #05-02, Singapore 609 195.

We make the accident report for the Vehicle # : YP8874L, indecent date on 9th September 2018 @9.12pm Along Sie Towards Bke Before Woodlands Avenue 12, involved our driver Mr. Mohammad Bin Abdul Rahim (S1801670B), Blk. 785A Woodlands Rise, #05-124, Singapore 731 785, without information

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2018 11:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20180924/7022

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180924/7022

he has resigned, and we did aware about this incident after received letter from Traffic Police, then we make this report, this report make for Insurance purpose.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2018 11:48
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

