

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 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. 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	26/10/2018 16:28
Date Of Accident	19/10/2018 14:30
Exact Location Of Accident	123 WEST COAST CRESCENT SEAHILL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7714A
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Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5 HYBRID X
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	

Driver

Name of Driver	RAGHBHIR KAUR D/O SAMUND SINGH
NRIC No	S1712573G
Date Of Birth	22/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	03/06/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91445728
Fax Number	
Contact Number	OFFICE-91445728
Email Address	NOEMAIL

Address	BLK 871B TAMPINES STREET 86 #03-28
Postcode	522871
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20181024/2161.

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	GANTRY
Vehicle Make/Model/Colour	GUARDHOUSE OF SEAHILL CONDO
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	HAMIDI
NRIC/Passport Number	
Contact Number	97112695
Address	

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

Accident Sketch Plan

SKETCH PLAN

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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.:

Accident Sketch Plan

SKETCH PLAN

Sketch Plan area with grid lines. Handwritten text: "Bovicks" and "A" with a small diagram. To the right, handwritten text: "A 54V 7714A".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section with horizontal lines. Handwritten text: "Refer to Police Report" and "6/2018 IN 5472161".

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:

Handwritten signature of the driver.

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

Handwritten signature of the reporting centre personnel.

Police Report



SINGAPORE
POLICE FORCE



G/20181024/2161

1 of 2

POLICE REPORT (NP299)

Report No. G/20181024/2161

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 24/10/2018 19:29	Vide Report No.	Station Diary No. 105
Name Of Informant RAGHBHIR KAUR D/O SAMUND SINGH	Address APT BLK 871B TAMPINES STREET 86 #03-28 SINGAPORE 522871	
ID Type / ID No. NRIC NO / S1712573G	Contact No. Home/Office Mobile 91445728	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Female	Age 53
Institution/School Name	Date of Birth 22/06/1965	Race Sikh
Date/Time Of Incident 19/10/2018 14:30	Location Of Incident 123 WEST COAST CRESCENT SEAHILL SINGAPORE 126779 GUARD HOUSE ENTRANCE	

Brief details.

On 19/10/2018 at about 1430hr, I was driving my vehicle SLU7714A sending one passenger to Sea Hill Condo at West Coast Crescent. As I was at the gantry of the guardhouse of Sea hill condo, the security guard namely Muhammad (staff id 171113) open the barrier to allow me to pass. As I was driving forward, the gantry drop onto the left side of the car frame causing a dent. However there no one was injured during the incident.

Signature Of Officer Recording The Report: G / Sgt 3 SIM FAWWAZ BIN SIM HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/10/2018 19:29
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DELVIN NG HAN WEI Contact No.: 62447200	Classification Of Case:

Authentication Stamp



Police Report



SINGAPORE
POLICE FORCE



G/20181024/2161

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181024/2161

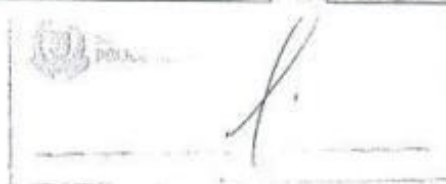
I wish to state I have contacted the security management and spoke to Hamidi Tel 97112695 regarding the incident and they advise me to lodge a police report to claim for insurance. I have also contacted the condo management and spoke to Angela Tel 62643706 and she informed me to liase with the security management. Thus I am lodging this report for my insurance claims purpose. That is all.

67444133 - security

62609030 - security

Signature Of Officer Recording The Report: G / Sgt 3 SIM FAWWAZ BIN SIM HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/10/2018 19:29
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DELVIN NG HAN WEI Contact No.: 62447200	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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