

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	12/11/2018 14:19
Date Of Accident	08/11/2018 12:05
Exact Location Of Accident	ECP EXIT TWDS BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7420E
Insured/Policyholder	
Name Of Registered Owner	SP POWERASSETS LIMITED
Co Reg No	-
Email Address	HAZLIQ@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-90034071
Alternative Phone No	OFFICE-90034071

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-18090031MFCV/59
Cover Note Number	

Driver

Name of Driver	HAZLIQ BIN ABDUL WAHID
NRIC No	S8801897D
Date Of Birth	27/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90034071
Fax Number	
Contact Number	OTHERS-90034071
Email Address	HAZLIQ@OUTLOOK.COM

Address	BLK 898 TAMPINES STREET 81 #03-786
Postcode	520898
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	SIDE SWIPE
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?	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: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SKW8932G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XIONG JUNHUI
NRIC/Passport Number	
Contact Number	91284181
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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)**

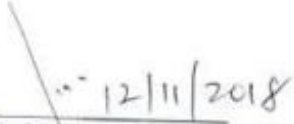
I understand, acknowledge, agree and consent that:

- (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) complying with requirements under any regulations, laws or court orders.

SP PowerAssets Ltd
2 Kallang Sector
Singapore 349277
Co. Registration No.: 200302108D

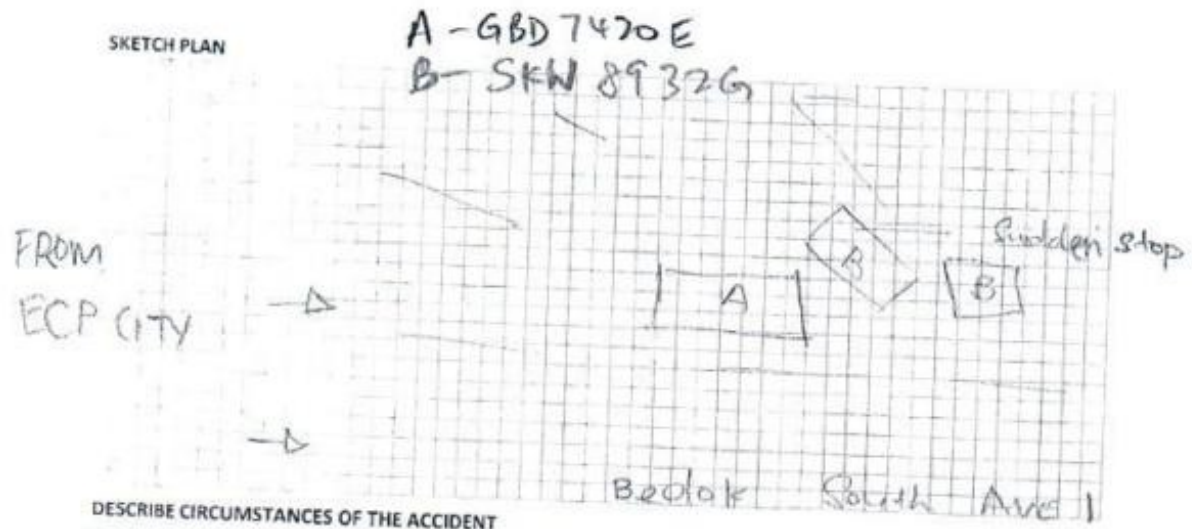

Policyholder's Signature
Date & Time:


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


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

SP PowerAssets Ltd

Sketch Plan #2




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Attached

SP PowerAssets Ltd
2 Kallang Road
Singapore 349277
Co. Registration No.: 200302108D

X
Policyholder's Signature
Date & Time:


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

12/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



STATEMENT

This statement is given by *Witness/Injured

Name Hazling NRIC Number S8801897D
 Designation Technician Division/Branch/Section EMTR
 Date Recorded 08.11.18 Time Recorded 1430 HRS

Statement :

After I sent meters to Tampines, I proceeded to my next job at 462 East Coast Rd (PV Job). On 08.11.18 at about 12.06 pm, from ECP exit towards Bedok South Ave 1, I was travelling straight ahead when this car # No: SKW 8952 G coming at from the filter lane without stopping. I horned and slowed down and his car suddenly stopped at the junction box. I applied emergency brake but unable to avoid contact with his car. Please refer to the video. Exchanged particulars with him later. No injuries to both parties. Technician Sidet was with me.

This statement has been read to me in (English/ Malay / Chinese / others) by (name of interpreter)
 NRIC No. _____ and I agree that it correctly records what I have said.

Signature of employee giving the statement : _____

Name and signature of Interpreter (if applicable) : _____

Recording Officer :

Name _____
 Designation _____
 NRIC No _____
 Signature/Date _____

This statement is to be typed or written clearly and signed on duplicate. The original is to be filed in the employee's personal file/accident record. A duplicate is to be given to him/her.

* Delete if inapplicable.



STATEMENT

This statement is given by *Witness/Injured

Name Hazliq NRIC Number S8801897D
 Designation Technician Division/Branch/Section EMTR
 Date Recorded 08.11.18 Time Recorded 1430HRS

Statement :

I reported the accident to my officer PTO KOT at about 12:19pm. My van no: GBD 7420 E left hand side front bumper was loosen due to the impact. There was no body dented. For the car, there was scratch mark at the right side rear bumper. Supervisor will decide later whether to report to IDAC. That is all.

This statement has been read to me in (English/ Malay / Chinese /others) by (name of interpreter)
 NRIC No. _____ and I agree that it correctly records what I have said.

Signature of employee giving the statement : _____

Name and signature of Interpreter (if applicable) : _____

Recording Officer :

Name _____
 Designation _____
 NRIC No _____
 Signature/Date _____

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Sketch Plan #5



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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