

## 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	03/12/2018 13:31
Date Of Accident	30/11/2018 09:20
Exact Location Of Accident	ALONG PASIR RIS DRIVE 12 TOWARDS PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG982E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RANGER FIRE SYSTEMS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96837876
Alternative Phone No	OFFICE-96837876

### Vehicle Particulars

Manufacturer	NISSAN
Model	-
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?	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	DMCPHQ18-003374
Cover Note Number	

### Driver

Name of Driver	SOPHIAN BIN AHMAD REPHA'EE
NRIC No	S7539336I
Date Of Birth	13/08/1975
Occupation	INDOOR
Date Of Driving Pass	14/04/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96837876
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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)	5
Passenger 1	NAME: : WORKER GENDER: : MALE
Passenger 2	NAME: : WORKER GENDER: : MALE
Passenger 3	NAME: : WORKER GENDER: : MALE
Passenger 4	NAME: : WORKER 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

refer attached 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	SLZ4081K
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)

**SKETCH PLAN**

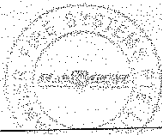
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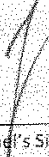
**8. Consent under the Personal Data Protection Act (PDPA)**

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.

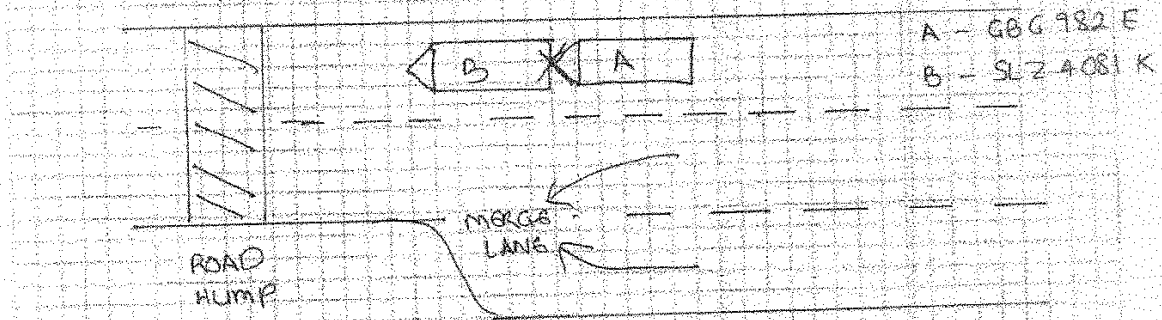
  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

ONE LANE FLAT



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON THE 2ND LANE ALONG PASIK RIS DRIVE 12 TOWARDS PASIK RIS DRIVE 3.

I HAD FILTERED TO MY RIGHT ONTO 1ST LANE.

MY VEHICLE WAS ALMOST PARALLEL TO THE 1ST LANE WHEN I KNOCKED INTO THE VEHICLE IN FRONT. THE FRONT OF MY VEHICLE INCURRED SOME DAMAGES.

THANKFULLY NO ONE WAS INJURED.

## 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:

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



Accident Photo





Accident Photo





Accident Photo





Accident Photo



Accident Photo





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

## ADDENDUM

Original Report No : MSNH18156044 Vehicle Registration No: GBG982E

Name (as shown in NRIC): Sophia Bai Ahmad NRIC/FIN/Passport No: 57539336Z

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore/

Contact (Tel) : \_\_\_\_\_ Mobile No. : 96837876

Email Address :

Date of Accident : 30/11/18 Time of Accident : 0920/18

Place of Accident : along Paris Rd Ar 12 to Paris Rd Ar 3

Insurance Company: \_\_\_\_\_

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The vehicle make should be Nissan

Policyholder / Driver's Signature

Date: 3/12/16

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 3/12/18



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel: (65) 6224 0010 Fax: (65) 6224 0090  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S065500200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MSH H18156044 Vehicle Registration No: GBG 982E  
Name (as shown in NRIC): RANGER FIRE SYSTEMS PTE LTD NRIC/FIN/Passport No: 2010 02083 K  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: 1002 TOA PAYOH IND PARK # 03-1439 Singapore (319074)  
Contact (Tel): 6255 7039 Mobile No.: 9226 4622  
Email Address: ben@rangerfiresystems.com.sg  
Date of Accident: 30/11/2018 Time of Accident: 0920  
Place of Accident: ALONG PASIR RIS DRIVE 12 TOWARDS PASIR RIS DRIVE 3  
Insurance Company: EQ INSURANCE COMPANY LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

We wish to amend the below:

VEHICLE PARTICULARS

Are you claiming under your own insurance policy for repair to your vehicle?

→ From Yes, change to NO. From 00 do Reporting.



Policyholder / Driver's Signature

Date: 5/12/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 5/12/18