#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

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	ACCIDENT STATEMENT
Date Of Report	02/03/2019 14:45
Date Of Accident	01/03/2019 23:05
Exact Location Of Accident	121 YISHUN ST 11
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG6396H
Insured/Policyholder	
Name Of Registered Owner	MEGACOOL (SINGAPORE) PTE LTD
Co Reg No	201107898Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0001532
Cover Note Number	
Driver	
Name of Driver	BOO CHIN WEE

Name of Driver

NRIC No

S8165810B

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

BOO CHIN WEE

OUTDOOR

20/06/1981

OUTDOOR

28/01/2005

Driving Experience 14 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84993089

Fax Number

Contact Number OFFICE-84993089

EMail Address NOEMAIL

Address BLK 121 YISHUN STREET 11

#06-453

Postcode 760121

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

and the second s

Insurance Company of Driver's Own Vehicle

-

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**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

NO

YES

NO

0

Police Station Address ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-8529999 - **FAX NO**: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - L/20190302/2006.

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 GBF9822E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE
Name of Driver RANGZEB S/O SAIDEK

NRIC/Passport Number S1742704J

Contact Number

Address Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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 the purpose(s).
  - 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:
  - 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:

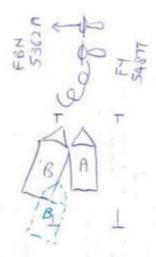
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Police	Report	
0				1
- 11				
	-			
				40

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.:





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Report No. L/20190302/2006

#### POLICE REPORT (NP299)

Police Station Of Origin Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

Date/Time Report Made	Vide Report No.			Station Diary No.	
2/03/2019 01:34	L/20190301/0149				
Name Of Informant	Address				
BOO CHIN WEE	APT BLK 121 YISHUN ST 11 #06-453 SINGAPORE 760121				
ID Type / ID No.	Contact No.				
NRIC NO / \$8165810B	Home/Office		Mobile 84993089		
Nationality MALAYSIAN	Email Address				
Occupation	Sex	Age	Date of Birth	Race	
AIR-CON TECHNICIAN	Male	37	20/06/1981	Chinese	
Institution/School Name	Language				
Date/Time Of Incident 01/03/2019 23:05	Location Of Incident 121 YISHUN STREET 11 CHONG PANG VIEW				
	SINGAPORE 760121 Carpark Lot No. 177				
Brief details	Carpark	LOT NO. 17	/		

#### Brief details.

On 01/03/2019 at about 7 plus in the evening, I parked my lorry bearing registration number GBG6396H of Carpark Lot No.: 177 of Blk 121 Yishun Street 11 and had subsequently left to home.

Cn 01/03/2019 at about 11 in the evening, I was at home and heard sound of vehicles coiliding, thus looked out of the kitchen windows and discovered that there was a van collided to my lorry. As such I had

looked out of the kitchen windows and discovered that the	are was a van collided to my lorry. As such I had
Signature Of Officer Recording The Report:	Signature Of Informant:
L / Staff Sgt YAP YHEE HOE	Ms
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2019 01:34
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sgt 3 LEOW SU LING Contact No.: 64660000	Classification Of Case:
Authentication Stamp	





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POLICE REPORT (NP299)

Authentication Stamp

CONTINUATION OF REPORT

Report No. L/20190302/2006

immediately proceeded down to the carpark to make a check and confirmed that a van bearing registration number GBF9822E had collided to my parked lorry while driving.

The driver of GBF9822E had admitted that he had collided to my lorry (GBG6396H) and also provided his particulars to me for insurance claimant; the driver was one Rangzeb S/O Saidek (NRIC: 1742704J, Blk 207 Jurong East Street 21 #03-201, Tel: 90702537). There were Police officers attended to the incident as the said van driver had collided to other parked

This is the first time such incident happened. I am lodging this report for insurance claimant. I also wish to state that the said driver might be drunk as he was slurring in speech.

Signature Of Officer Recording The Report:	Signature Of Informant:
L / Staff Sgt YAP YHEE HOE	las
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2019 01:34
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sgt 3 LEOW SU LING Contact No.: 64660000	Classification Of Case:















































