

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	30/04/2019 19:37
Date Of Accident	29/04/2019 21:20
Exact Location Of Accident	SIMS DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6781J
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Insured/Policyholder

Name Of Registered Owner	MEGA COOL AIR-CONDITIONING & ELECTRICAL ENGINEERIN
Co Reg No	52927051W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0000814
Cover Note Number	

Driver

Name of Driver	WIN THU SHEIN
Passport No/FIN	G6967485U
Date Of Birth	05/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82609907
Fax Number	
Contact Number	OFFICE-82609907
EEmail Address	NOEMAIL

Address	BLK 9010 TAMPINES STREET 93 #02-143
Postcode	528844
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	DRINK DRIVING / DRUGS INFLUENCE
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	2
Was any body injured in the Accident?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190509/2187.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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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:

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

Sim
Drive



DOA: 29/4/19

A: 6DF 6781J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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.: _____

Police Report



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4900
www.police.gov.sg

Our Ref : TP/IP/27335/2019
Date : 29/04/2019

**MR WIN THU SHEIN
BLK 9010 TAMPINES STREET 93
#02-143
SINGAPORE 528844**

Dear Sir,

NOTICE OF IMMEDIATE SUSPENSION UNDER SECTION 47C (4)(a) OF THE ROAD TRAFFIC ACT, CHAPTER 276

We refer to the investigation against you for the possible commission of the offence(s) under **Drink Driving under Section 67(1)(b) of Road Traffic Act Chapter 276 and Dangerous Driving under Section 64(1) of Road Traffic Act Chapter 276.**

2. This is to inform you that in exercise of the powers conferred upon the Deputy Commissioner of Police by section 47C (1) of the Road Traffic Act, Chapter 276, your driving licence will be suspended with effect from **29 April 2019** until such time as the offence for which you have been committed has been tried and determined by the court, unless sooner rescinded under Section 47C (10) of the Road Traffic Act.
3. During the period of suspension, you shall not drive a motor vehicle on a road under any driving licence granted by any authority. If you drive a motor vehicle on a road when your driving licence is suspended, you will have committed an offence under section 47C (7) of the Road Traffic Act. Upon conviction of this offence, you are liable to a fine not exceeding \$5,000 or to imprisonment for a term not exceeding 12 months or to both, and in the case of a second or subsequent conviction, you are liable to a fine not exceeding \$10,000 or to imprisonment for a term not exceeding 3 years or to both.
4. You are hereby required under Section 47C(4)(b) of the Road Traffic Act to forthwith surrender your driving licence to me at Traffic Police, No. 10 Ubi Avenue 3.
5. Failure to surrender your driving licence to me is an offence and on conviction you will be liable to a fine not exceeding \$1,000/- or to imprisonment for a term not exceeding 3 months and in the case of a second or subsequent offence to a fine not exceeding \$2,000/- or imprisonment not exceeding 6 months.
6. If you wish to appeal against the suspension, you may write in to the Minister for Home Affairs at Ministry of Home Affairs, New Phoenix Park, 28 Irrawaddy Road, Singapore 329560. You should note that notwithstanding your appeal, the suspension of your driving licence take effect from **19 March 2019**.

Police Report




SINGAPORE
POLICE FORCE

7. Dated this ^{29 April} ~~19-March~~ 2019.
Yours faithfully,


A handwritten signature in black ink, appearing to read 'Puteh Shariff', is written over the 'Yours faithfully,' line.

PUTEH SHARIFF, DSP
For DEPUTY COMMISSIONER OF POLICE
SINGAPORE POLICE FORCE

Police Report



**SINGAPORE
POLICE FORCE**



1001405062187

Police Station Of Origin:
Traffic Police
10 Jui Avenue 3 SINGAPORE 408665
Tel No: 65475000

1 of 3
Report No: T061905022187

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2019 18:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WIK THU SHEIN		Address: 9010 TAMPINES STREET 93 TAMPINES INDUSTRIAL PARK A SINGAPORE 528844	
ID Type / ID No. FIN NO / G28074890		Contact No. Home/Office: Mobile: 82609907	
Nationality: MYANMAR		Email:	
Sex: Male	Age: 27	Date of Birth: 05/06/1991	Type of Informant: Driver
Race:		Language:	Institution / School Name:
Occupation: OFF-REP.		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Others	Drive: Drive: No.	Date/Time of Accident: 28/04/2019 22:00	Type of Location:
Location: Along Road 1 SIBS AVENUE			
Weather: Cloud	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision:		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Colour	Condition	No. of Passengers
GUN 6761J	Van	NISSAN	NAV250 PAVE L VAN 2.5 SMT SON LUND V		Slightly Damaged	4

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 40865
Tel No: 65470000



T/20190509/2187

Report No: T/20190509/2187
Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3
Tel No: 65470000


CONTINUATION OF REPORT

Driver		ID No.	G0067485U
Name	WIN THU SHEIN	Contact No.	82609907
Related Vehicle	GBF6781J (Van)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pedestrian		ID No.	NIL
Name	Unknown Pedestrian	Contact No.	NIL
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING ALONG THE SAID LOCATION. I STOPPED AT THE TRAFFIC JUNCTION. AFTER
THE TRAFFIC TURN GREEN, I DROVE OFF AND OUT OF A SUDDEN, 2 PEDESTRIAN WAS
CROSSING INFRONT OF ME. I COLLIDED ONTO THEM. I PULLED MY VEHICLE AT THE SIDE OF
THE ROAD AND CALLED POLICE FOR ASSISTANCE.

Police Report

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000





Report No: T021905262187

2 of 3

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan.

Important Adv: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474865 stating the report number as reference.

Signature Of Officer Recording The Report: TP:  ABIRAD JALALUDIN 265 ABIRAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2018 18:57
Officer In Charge Of Case: TP:  Sgt Sy HONG 265 LIA Contact No: 65470121	Officer In Charge Of Case:  SINGAPORE POLICE FORCE
Authorisation Stamp: None	

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



Addendum Sheet



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: S665500206 / 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 : MNA119056164 Vehicle Registration No: GBF6781J
Name(as shown in NRIC) : WIN THU SHEIN NRIC/FIN/Passport No : G6967485U
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : BLK 9010 TAMPINES STREET 93 #02-143 Singapore(528844)
Contact (Tel) : _____ Mobile No. : 82609907
Email Address : _____
Date of Accident : 29/04/2019 Time of Accident : 21:20
Place of Accident : SIMS DRIVE
Insurance Company : India International Insurance Pte 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:

Add in police report - T/20190509/2187

Policyholder / Driver's Signature
Date:



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