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

aforesaid.	icit to the distinying of this report at the centre and to copies of the report being made as
	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
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
D (O(D) ()	05/00/4004

Name of Driver

Passport No/FIN

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

WIN THU SHEIN

G6967485U

05/06/1991

OUTDOOR

01/01/2010

Driving Experience 9 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82609907

Fax Number

Contact Number OFFICE-82609907

EMail 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

-

2

NO

NO

1

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

Was any body injured in the Accident? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

NO

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190509/2187.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

YES

Accident Sketch Plan

SKETCH PLAN

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
- 5. Any faire 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 Insurence 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)
 - (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 daims.(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 freud 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Name

NRIC/FIN No.:

Accident Sketch Plan

			条条	
	Sim		A)	DOA: 29/4/19
	Dive			A: GOF 6781J
SCRIBE CIRCUMSTANG	CES OF THE ACC	Police	0	
les 45	Te	10110	Report	
ECLARATION We declare the foregraphs	artisalars are true	i In every respec	ct.	M.



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +85 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.
- 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.
- 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.

A FORCE FOR THE NATION

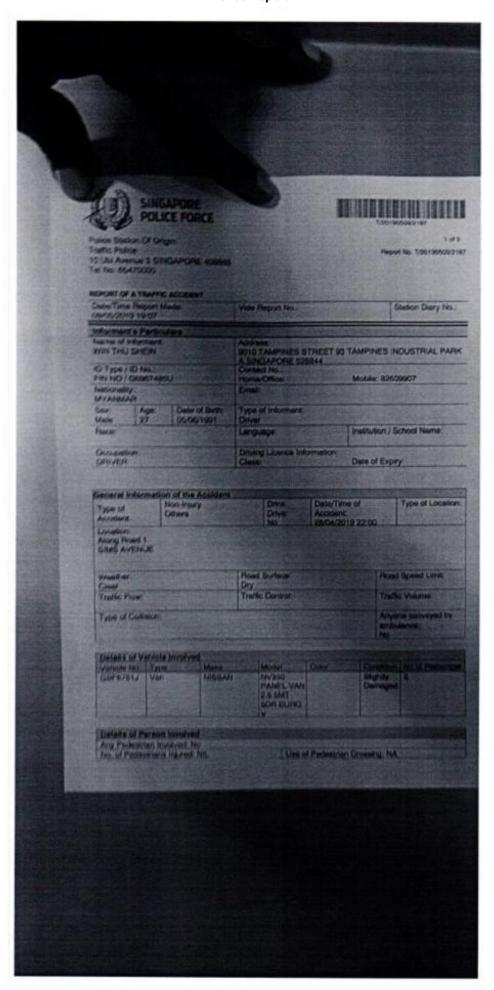


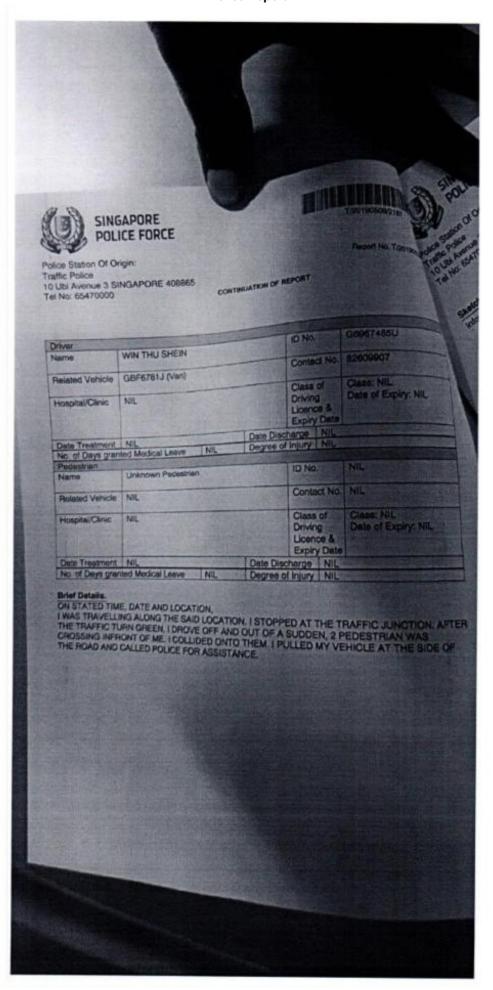
7. Dated this 19 March 2019. Yours faithfully,

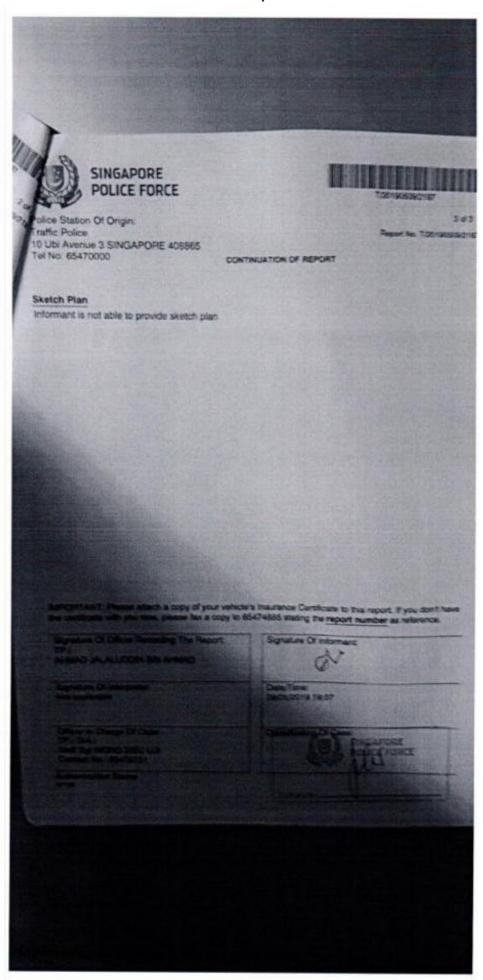
PUTEH SHARIFF, DSP

FOR DEPUTY COMMISSIONER OF POLICE

SINGAPORE POLICE FORCE









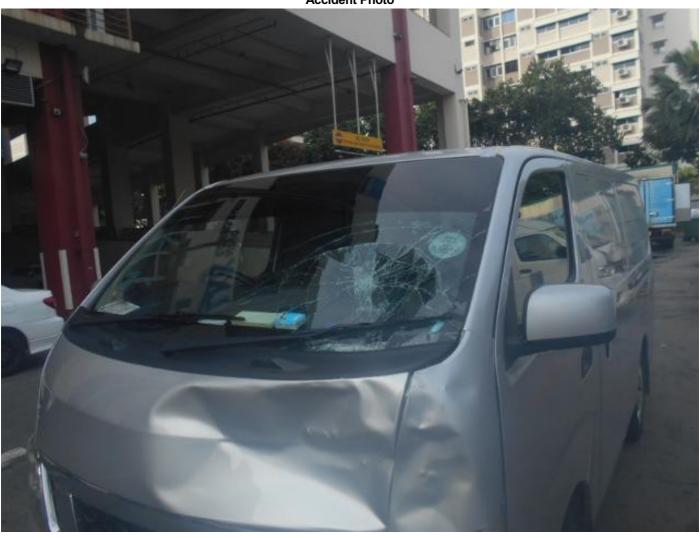










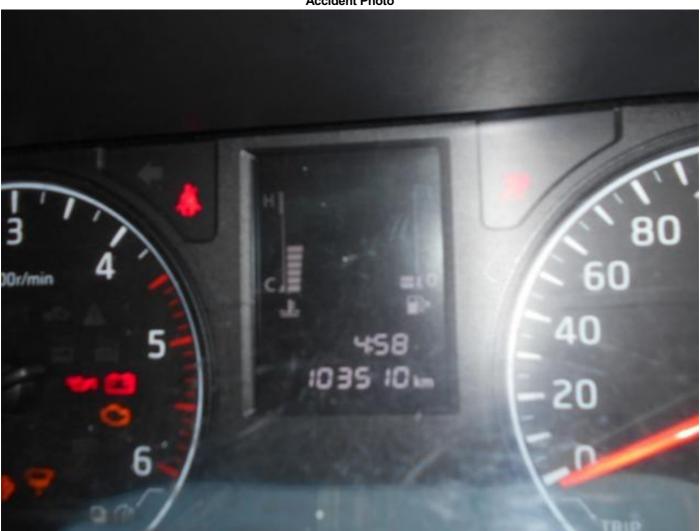














Addendum Sheet



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: \$665500206 / 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 : MNA119056184 Vehicle Registration No: GBF6781J Name(as shownin NRIC) : WIN THU SHEIN _NRIC/FIN/Passport No : G6967485U (*Vehicle Driver / *Vehicle Owner) (*) Please delete as appropriate : BLK 9010 TAMPINES STREET 93 Address #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 India International Insurance Pte Ltd Insurance Company: (B) ADDITIONALINFORMATION / 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: