

## 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	10/07/2019 17:27
Date Of Accident	10/07/2019 11:35
Exact Location Of Accident	IN FRONT OF 81/83 LORONG N TELOK KURAU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3136C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SP POWERASSETS LIMITED
Co Reg No	200302108D
Email Address	ISMAILKIACERATO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96283141
Alternative Phone No	OFFICE-96283141

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SPRINTER 516CDI/3665 (AUTO, ABS )
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19093084MFCV/119
Cover Note Number	

### Driver

Name of Driver	ISMAIL BIN SURATMAN
NRIC No	S1240727J
Date Of Birth	27/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96283141
Fax Number	
Contact Number	OTHERS-96283141
Email Address	ISMAILKIACERATO@GMAIL.COM

Address	BLK 105 JURONG EAST STREET 13 #02-228
Postcode	600105
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 - MAJOR/MINOR RD
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?	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)	1

#### 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

PLEASE REFER TO SKETCH AND ATTACHMENT

#### 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	SJT4881Z
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XIANG SHENGGUANG
NRIC/Passport Number	S7780059Z
Contact Number	96397587 (MR LIM)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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:

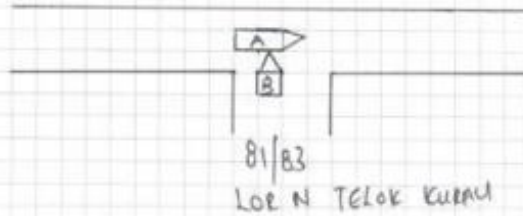
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: Paul  
NRIC/FIN No.: 10/07/2019

## Accident Sketch Plan

### SKETCH PLAN

A: 4N31360 B: SJ7 48812



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO APPENDIX 1

### 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.:

ICAMC Sketch Plan Form WS

## STATEMENT



### STATEMENT


This statement is given by \*Witness/Injured

Name	Ismail Bin Suratman	NRIC Number	S1240727J
Designation	Service Technician	Division/Branch/Section	EO/ OM / DCCS
Date Recorded	10/07/2019	Time Recorded	1500hrs

#### Statement :

On 10 July at about 1130hrs, we were told from ESC office to return to fault site at 23 Lor N TK Kurau. At about 1135hrs, while travelling along 81/83 Lor N Tk Kurau, ESC service van YN3136C was hit at the driver door panel by a private car SJT 4881Z turning out from a condominium. The private car driver apologise to us for this incident. We exchange particular details and informed our supervisor.

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	Quah Zhong Liang
Designation	Operation Officer
NRIC No	S8823641F
Signature/Date	 10/7/19

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.



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



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**Accident Photo**





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