

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	29/07/2019 18:01
Date Of Accident	24/07/2019 11:05
Exact Location Of Accident	BEDOK NORTH AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1004M
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	JEREMYC_QUEK@CERTISSECURITY.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68428849

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4AA-3.0 D (M)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MOMVC000004054-02-00
Cover Note Number	

Driver

Name of Driver	WONG CHEE WEI
NRIC No	S8269796I
Date Of Birth	25/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86067392
Fax Number	
Contact Number	
EMail Address	JEREMYC_QUEK@CERTISSECURITY.COM

Address	BLK 838 HOUGANG CENTRAL #13-503
Postcode	530838
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	3
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)	3
Passenger 1	NAME: : CPL61130 GENDER: : MALE
Passenger 2	NAME: : CPL115581 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

AS ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4544R
Vehicle Make/Model/Colour	TAXI BLUE
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	LOH CHUN YEONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMM7528B

Vehicle Make/Model/Colour

HYUNDAI AVANTE S

Details Of Properties

VEH C

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)

Accident Sketch Plan Pg. 1

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) to meet legal requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

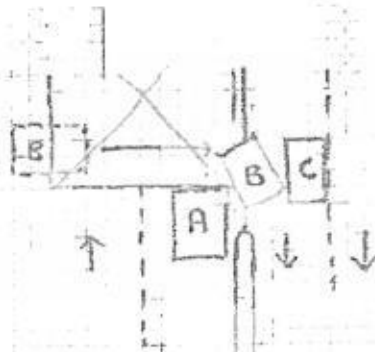
25/07
09:55 AM

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

QUEK KIM SENG
S8013338C

Accident Sketch Plan Pg. 1

SKETCH PLAN



A-W1004M
B-SHB4544R
C-SMM7528B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

☐ We declare that the foregoing particulars are true in every respect.



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

28/07
09:05 AM

Reporting Centre Personnel's Signature
Name: _____
NRC/TIN No.: _____

Accident Sketch Plan Pg. 1



INCIDENT REPORT FOR DUTY POST

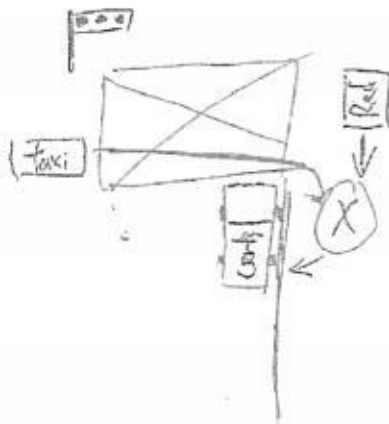
Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition
		24-07-19	1115 AM	Bright Sunny
Person(s) Involved		Particulars of Witness(es)		
CPL 18421 CPL 61130 PC 115581				
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)				
24-07-19 Sec. Bdr team APO 18421 Sgt Yong Lim Guardsman APO 115581 Wang Fook THYE and Driver CPL 61130 working CHEE WEI issued with vehicle YL 1004 M was involved into an accident. No one was injured during the incident. The incident happen at Block North Ave 4 which is in front the exit point from Block 100-106 towards Block North Ave 4. Involved a yellow Comfordelga SHB 4544 R . Driver : Loh Chin Yang : S 1743 1741. With a red Hyundai vehicle SPM 7528 B.				
Reported by : (Rank/Svc No/Name)		Signature		Date
CPL 61130 Wang Fook WEI		[Signature]		24/07
				1830

Accident Sketch Plan Pg. 1

Details of Incident (Cont'd)

When I was waiting in front the yellow box. A taxi drive out with high speed and turn right into North Ave 4. but the traffic turn into green then the coming vehicle the red Hyundai collided with the taxi. the impact lead the taxi sweep to right side and hit my vehicle.

Sketch



taxi come out high speed
turn Right

collided with incoming
vehicle (Red)

The impact lead the taxi
sweep right side and
hit car's vehicle