SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.	
NAME OF THE PROPERTY OF THE PR	ACCIDENT STATEMENT
Date Of Report	13/08/2019 16:54
Date Of Accident	11/08/2019 23:40
Exact Location Of Accident	PUNGGOL EAST
Country/State of Loss	SINGAPORE
B. B	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK422D
Insured/Policyholder	
Name Of Registered Owner	COMFORT LIMOUSINE SERVICES PTE LTD
Co Reg No	201508380W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID-1.5 G (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	18-MG000530-R04
Cover Note Number	
Driver	
Name of Driver	OSMAN BIN DUPREE
NRIC No	S7101072D
Date Of Birth	24/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1994
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87836963
Fax Number	

NOEMAIL

Address

BLK 353 YISHUN RING ROAD #06-1752 SINGAPORE

Postcode

760353

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

FIRE, EXPLOSION OR LIGHTNING

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

1

involved in the accident

NO

Was any body injured in the Accident? 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

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER POLICE REPORT NO. T/20190812/2058

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

NA/UNKNOWN

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

IMPORTANT NOTICE

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- 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.
- 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)

Lunderstand, 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:
 - 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 120

(If driver is not the policyholder

1205 Wrs

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

Individual Statement Pg. 1

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PUNGGOL EAST A			
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DESCRIPT CIPCHACTANISTS	OF THE ACCIDENT		
DESCRIBE CIRCUMSTANCES		1 -2	
Refer Police Repor	H NO. T/ 201908	\$12 2058	

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DECLARATION I/We declare the forceoing particu	ulars are true in every respec		
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POLICE REPORT Pg. 1





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1 of 3 Report No. T/20190812/2058

REPORT	OF A TRAFF	IC ACCIDENT				
	me Report 019 16:58	Made:	Vide Report No.: F/20190811/0219	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant BIN DUPF		Address: APT BLK 353 YISHUN RING 760353	ROAD #06-1752 SINGAPORE		
ID Type NRIC N	/ ID No.: D / S71010	72D	Contact No.: Home/Office: Mobile: 87836963			
National SINGAP	ity: ORE CITIZ	ŒN	Email:			
Sex: Male	Age: 48	Date of Birth: 24/01/1971	Type of Informant:			
Race: Boyanes	Race: Boyanese		Language: English	Institution / School Name:		
	ocupation: RAB DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Covernment Dramatic		Drink Drive: No	Date/Time of Accident: 11/08/2019 23:	40	Type of Location Straight Road
Location: Along Road 1 PUNGGOL E.	AST I East towards Sengk	ang Faet				
Weather: Clear	THE TOTAL OF THE T		l Surface:	and the second s	Road	d Speed Limit:
Traffic Flow:	Way		c Control: c Light - Wor	king	Traff	ic Volume:
Dual Carriage Type of Collisi						

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SMK422D	Car	HONDA	FREED	Grey	Caught	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL.	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 T/20190812/2058

2 of 3

Report No. T/20190812/2058

CONTINUATION OF REPORT

Name	OSMAN BIN DUPF	REE		IDNO).	S7101072D
Related Vehicle	SMK422D (Car)			Conta	act No.	87836963
Hospital/Clinic	NIL.			Class Drivin Licen	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL.	

Brief Details.

On 11/08/2019 at about 11.40pm, along Punggol East towards Sengkang East, I was travelling in my vehicle bearing plate number: SMK422D on the leftmost lane of a 3 lane road. At that point of time, my vehicle was stationary. Soon after, the traffic light turned green and I moved off. All of a sudden, my eyes closed as I might be slightly sleepy. The next moment, when I opened my eyes shortly after, I realized that my vehicle had already mounted the kerb on the left side of the road.

I then tried to brake but to no avail and resulted in colliding with the electrical box at the traffic light junction. My vehicle then caught fire and I managed to exit it unscathed. Subsequently, traffic police ref F/20190811/0219, ambulance and fire engines came and put out the fire. I am lodging a report as I was required to do so.

POLICE REPORT Pg. 1





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

3 of 3 Report No. T/20190812/2058

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

IMPORTANT: 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 65474885 stating the report number as reference.

Signature Of Officer Recording T		Signature Of Informant:	THE RESERVE ASSESSMENT OF THE PARTY OF THE P
Sgt 3 MUHAMMAD RIDWAN BII	N SA'MION	The state of the s	
Signature Of Interpreter:	177 M 187 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date/Time:	
Not applicable	*	12/08/2019 16:58	
Officer In Charge Of Case:		Classification St Case:	
SI ANG YI TING, STEPHANIE Contact No.: 65476414		gnature:	
Authentication Stamp NP168		e Police Force	