

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	03/09/2019 16:02
Date Of Accident	02/09/2019 16:15
Exact Location Of Accident	ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2102A
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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	TOYOTA
Model	HIACE-3.0 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MOMVC000004054-02-000
Cover Note Number	

Driver

Name of Driver	ROBIN YEO CHUAN SWEE
NRIC No	S9215391F
Date Of Birth	03/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85225900
Fax Number	
Contact Number	
Email Address	JEREMYC_QUEK@CERTISSECURITY.COM

Address	BLK 34 UPPER CROSS ST #17-142
Postcode	050034
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : ANWARI 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	SGN1488M
Vehicle Make/Model/Colour	PORSCHE
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	LEE YI TONG
NRIC/Passport Number	
Contact Number	81276948
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

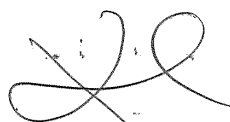
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8. **Consent under the Personal Data Protection Act (PDPA)**

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: 030919 0915hrs


Reporting Centre Personnel's Signature
Name: QUEK KIM SENG
NRIC/FIN No.: S8013338C

Accident Sketch Plan Pg. 1

SKETCH PLAN

Handwritten sketch plan on a grid background. It shows two small house-like shapes, one labeled 'B' above the other labeled 'A'. To the right of the sketch, the following text is written:

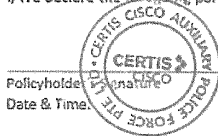
A - G8J202A
B - LSGN148877

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 020917 0915hrs

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: QUEK KIM SENG
S8013338C



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				
In between Takashinaya Takashinaya and Mandarin Gallery	BNR	02/09/2019	1615 to 1620 hrs	Fine				
Person(s) Involved	Particulars of Witness(es)							
Pilot - 112762 Robin Yeo TL - 11954 Anwar GBJ 2102A	SXXX989G Lee Tong Yi SGN 1488M HP: B1276948							
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)								
<p>At the above mentioned date, ^{time and} venue, my vehicle GBJ 2102A was met with a a rear ended accident with a MOP. While en route to Paragon Citibank to do an adhoc assignment by my ops, via Takashinaya, there was a slight traffic jam. Due to my ^{tired} mental state, I very soon gone into a stupor. I didn't react in time when MOP vehicle had already stopped and became stationary. After checking that no one was injured, I quickly informed my ops, and exchanged particulars with the MOP. Incident report was put up immediately after returning to base.</p>								
Reported by : (Rank/Svc No/Name) SGT 112762 Robin Yeo	Signature 	Date 02/09/2019	Time 1945 hrs					

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9215391F

Name: ROBIN YEO CHUAN SWEE

Birth Date: 03 May 1992

Issue Date: 12 Nov 2010

001910660C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9215391F

Name: ROBIN YEO CHUAN SWEE

楊川瑞

Race: CHINESE

Date of birth: 03-05-1992 Sex: M

Country of birth: SINGAPORE

429912

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 12 Nov 2010

NP 428A

Licence No: S9215391F

429912

Barcode

NRIC No. S9215391F

Date of issue: 10-10-2008

Address: APT BLK 34 UPPER CROSS STREET #17-142 SINGAPORE 050034

Accident Photo



Accident Photo



Accident Photo



Accident Photo

