MOMV191-16742 / Chin Meng Motors - HQ
ENTRY DATE & TIME: 05/11/2019 22:12
SUBMITTED BY: QUEK KIM SENG

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 05/11/2019 22:18

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	05/11/2019 22:12
Date Of Accident	29/10/2019 16:15
Exact Location Of Accident	SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1408G
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	JEREMYYC_QUEK@CERTISSECURITY.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68428849
Vehicle Particulars	
Manufacturer	ISUZU
Model	NHR85AUE4A-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	MOMVC000004054-02-000
Cover Note Number	
Driver	
Name of Driver	THINAGARAN MUNIANDY
Passport No/FIN	G6500022P
Date Of Birth	03/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/05/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86228552
Fax Number	
Contact Number	
EMail Address	JEREMYYC_QUEK@CERTISSECURITY.COM

Address	C/O: 20 JALAN AFIFI
Postcode	409179
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: : TEAM LEADER CVSO 47277 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GV3920B
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JASNI BIN ALI
NRIC/Passport Number	S1747462F
Contact Number	97430160
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

1. [illegible]
2. This form must be completed by the [illegible] and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. [illegible]
4. [illegible]
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the [illegible] of the GIA Records Management Centre [illegible] General Insurance Association of Singapore [illegible]
7. By the lodgment of this report [illegible]
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(i) [illegible] the General Insurance Association of Singapore ("GIA") [illegible] "Personal Information" [illegible] for the purpose(s) of:

(a) [illegible]

(b) [illegible]

(c) [illegible]

(d) [illegible]

(e) [illegible] "Purposes")

(ii) [illegible]

(iii) [illegible]

(iv) [illegible]

(v) [illegible]

(a) [illegible]

(b) [illegible]

31/10/2019

Driver's Signature
[illegible]
Date & Time 1015hr

[illegible] Signature
Name
NRIC/Passport

[illegible]
Date & Time

SKETCH PLAN

A - YSJ1108G
B - GV3930B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached.

DECLARATION

31/10/2019

1015hr

QUEK KIM SENG
S8013338C

certis CISCO

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
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Person(s) Involved	Particulars of Witness(es)
[illegible]	TEAM LEADER , [illegible] 47277

Details of Incident
(Who, What, Where, When, Why, How and Other Essential Details)

On the above date have got incident while I [illegible] driving [illegible] vehicle [illegible] [illegible] from [illegible] and [illegible] Ave at the [illegible] waiting for vehicle oncoming from [illegible] Ave [illegible] one [illegible] vehicle [illegible] [illegible] in behind my vehicle and [illegible] my [illegible] vehicle damaged. That's all

Reported by : (Rank/Svc No/Name)	Signature	Date	Time
[illegible]		[illegible]	[illegible]