

### 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	01/11/2019 08:02
Date Of Accident	07/10/2019 07:20
Exact Location Of Accident	POLICE CANTONMENT COMPLEX CARPARK B2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBN4809K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZAKARIA BIN ZAINAL
Work Permit No	S8802045E 045 F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96476404
Alternative Phone No	OFFICE-96476404
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	MOTORCYCLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMMPHQ19-001186
Cover Note Number	
<b>Driver</b>	
Name of Driver	ZAKARIA BIN ZAINAL
Work Permit No	S8802045E
Date Of Birth	27/01/1988
Occupation	INDOOR
Date Of Driving Pass	10/08/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96476404
Fax Number	
Contact Number	OFFICE-96476404
Email Address	NOEMAIL

Address	BLK 419 FAJAR RD #04-465
Postcode	670419
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T20191007/2163
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### Attachment(s)

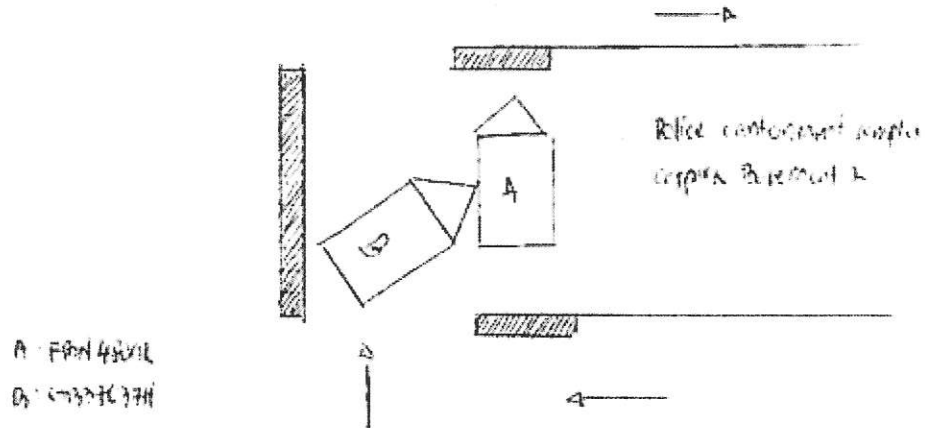
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB7637H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### Sketch Plan

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report NP 108 T/20110007 /2165

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time 2/1/00 1:40

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

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/PIN No: \_\_\_\_\_

## SKETCH PLANPG2

### SKETCH PLAN

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6. 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)**

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 (a) 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 21/10/17

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

## POLICE REPORT 1



**SINGAPORE  
POLICE FORCE**



T/20191007/2163

1 of 3

Police Station Of Origin  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No: T/20191007/2163

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/10/2019 19:00  
Vide Report No.: A/20191007/2120  
Station Diary No.: 139

**Informant's Particulars**

Name of Informant: ZAKARIA BIN ZAINAL  
Address: APT BLK 419 FAJAR ROAD #04-465 SINGAPORE 670419  
ID Type / ID No.: NRIC NO / S8802045F  
Contact No.:  
Home/Office: Mobile: 96476404  
Nationality: SINGAPORE CITIZEN  
Email:  
Sex: Male Age: 31 Date of Birth: 27/01/1988  
Type of Informant: Vehicle Owner  
Race: Boyanese Language: Institution / School Name:  
Occupation: Narcotics officer  
Driving Licence Information: Class 2B,2A,2,3 Date of Expiry:

**General Information of the Accident**

Type of Accident	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 07/10/2019 07.20	Type of Location Car Park
Location: Along Road 1 NEW BRIDGE ROAD  POLICE CANTONMENT COMPLEX CARPARK BASEMENT 2				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4809K	Motorcycle	HONDA			Slightly Damaged	0
GBB763711						0

**Details of Person Involved**

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

POLICE REPORT 2



**SINGAPORE  
POLICE FORCE**



T/20191007/2163

Police Station Of Origin  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3  
Report No: T/20191007/2163

CONTINUATION OF REPORT

<b>Vehicle Owner</b>			
Name	ZAKARIA BIN ZAINAL	ID No.	S8802045F
Related Vehicle	FBN4809K (Motorcycle)	Contact No.	95476404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CHUA MEI QI	ID No.	S9244160A
Related Vehicle	GBB7637H	Contact No.	90121479
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 07/10/2019 at about 8.30am, I returned back to PCC basement 2 carpark and discovered damages to my motorcycle. I noticed that there was a note stating that the driver of GBB7637H had knocked down my vehicle. I wish to state that it is a police van and the driver is an officer from Team B of Rochor NPC.

The damages to my vehicle includes: both side mirror suffered scratches and was dented inwards, the side body kit also suffered long scratches. The left side footrest broke off. The rack had scratches on it as well. The handlebar alignment was off and the box was dented, the exhaust pipe was also observed to be dented.

POLICE REPORT 3



**SINGAPORE  
POLICE FORCE**



T/20191007/2163

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No: T/20191007/2163

**CONTINUATION OF REPORT**

**Sketch Plan**

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 The Report: G/ Sgt 3 S EVA SHERRIENA BINTI S AFFINDY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2019 19:00
Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No : 65476202	Classification Of Case:
Authentication Stamp NP168	