

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	23/01/2020 09:24
Date Of Accident	22/01/2020 12:05
Exact Location Of Accident	315 YISHUN AVE 9 YISHUN GREENWALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4893T
Insured/Policyholder	
Name Of Registered Owner	SP POWERASSETS LIMITED
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90596297

Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-19093084MFCV/159
Cover Note Number	

Driver

Name of Driver	HANAFI BIN MOHAMED SAID
NRIC No	SXXXX285A
Date Of Birth	21/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1978
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91011140
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 409 TAMPINES ST 41 #04-203
Postcode	520409
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	COLLIDED INTO PROPERTY
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	1
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: : MAIZAN BINTE ABDULLAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: G/20200122/2112

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT RECORDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BLK BEAM
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

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) for complying with requirements under any regulations, laws or court orders.

SP PowerAssets Ltd
2 Kallang Sector
Singapore 349277
Co Registration No: 200303108D

Policyholder's Signature
Date & Time: 23/1/20
(514 h)

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

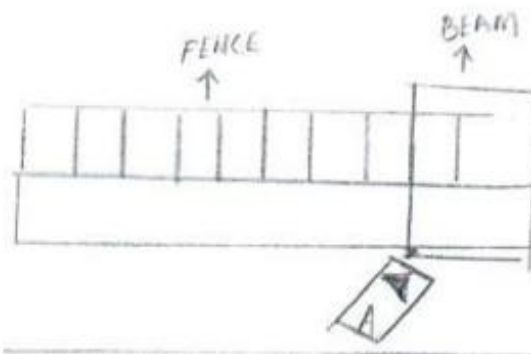
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN

A - YN4693T

B - BEAM



315 YISHUN AVE 9
YISHUN GREENWALK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: G/20200122/112

DECLARATION

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

SP PowerAssets Ltd

2 Kallang Sector

Singapore 349277

Go Registration No: 200303108D

Date & Time: 23/1/2020

15/4/20

Heal

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

sfym 23/01/20

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

Individual Statement



**SINGAPORE
POLICE FORCE**



G/20200122/2112

1 of 2

Report No. G/20200122/2112

POLICE REPORT (NP299)

Police Station Of Origin
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Date/Time Report Made 22/01/2020 17:45		Vide Report No.		Station Diary No. 36	
Name Of Informant HANAFI BIN MOHAMED SAID		Address APT BLK 409 TAMPINES STREET 41 #04-203 SINGAPORE 520409			
ID Type / ID No. NRIC NO / S1193285A		Contact No. Home/Office Mobile 91011140			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SP GROUP TECHNICIAN		Sex Male	Age 63	Date of Birth 21/04/1956	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 22/01/2020 12:05		Location Of Incident 315 YISHUN AVENUE 9 YISHUN GREENWALK SINGAPORE 760315			

Brief details.

On 22/1/2020 at about 12.05pm, I was driving at Yishun Avenue 9, Blk 315. I am driving my company vehicle SPgroup van with registration plate no YN4893T.

I was driving at the dead end at such I decided to make a three point turn at the dead end. While performing the dead end and while engaging the gear, my van suddenly jerk forwards and collided with the Blk beam. There is a small chip at the edge of the beam. My van windscreen suffered a crack on the

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD SYAHIR BIN MAMAT	Signature Of Informant: Hcey
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 17:45
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp LIM JIAN YANG Contact No.: 62447200	Classification Of Case:

Authentication Stamp

Individual Statement



SINGAPORE
POLICE FORCE



G/20200122/2112

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200122/2112

right side. I then informed my company. My company advice to lodge a police report. Hence I am lodging this report for my company record purpose.

I wish to state that I was there to perform my conditioning monitoring work.

Signature Of Officer Recording The Report:

G / Sgt 3 MUHAMMAD SYAHIR BIN MAMAT

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp LIM JIAN YANG
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
22/01/2020 17:45

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



G/20200122/2112

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Authentication Stamp

[Signature]

Police Report



SINGAPORE
POLICE FORCE



G/20200122/2112

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POLICE REPORT (NP299)

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Signature Of Officer Recording The Report:

G / Sgt 3 MUHAMMAD SYAHIR BIN MAMAT

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp LIM JIAN YANG
Contact No.: 82447200

Authentication Stamp

Signature Of Informant:

Date/Time:
22/01/2020 17:45

Classification Of Case: