

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	24/01/2020 11:54
Date Of Accident	13/09/2017 18:30
Exact Location Of Accident	EAST VILLAGE MALL 430 UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3547A
Insured/Policyholder	
Name Of Registered Owner	KIDFORTE PTE LTD
Co Reg No	1XXXXX896H
Email Address	LIM_YONGKIAT@KIDFORTE.COM.SG
Mobile Phone No	(FOREIGN) +601-87808498
Alternative Phone No	OFFICE-62766033

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084336699
Cover Note Number	

Driver

Name of Driver	MOHD AZLIN BIN ANNUAR
Passport No/FIN	GXXXX511U
Date Of Birth	25/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98105401
Fax Number	
Contact Number	OFFICE-62766033
EEmail Address	LIM_YONGKIAT@KIDFORTE.COM.SG

Address	-
Postcode	
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?	NO
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	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20170916/2060

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

SKETCH PLAN

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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 (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.

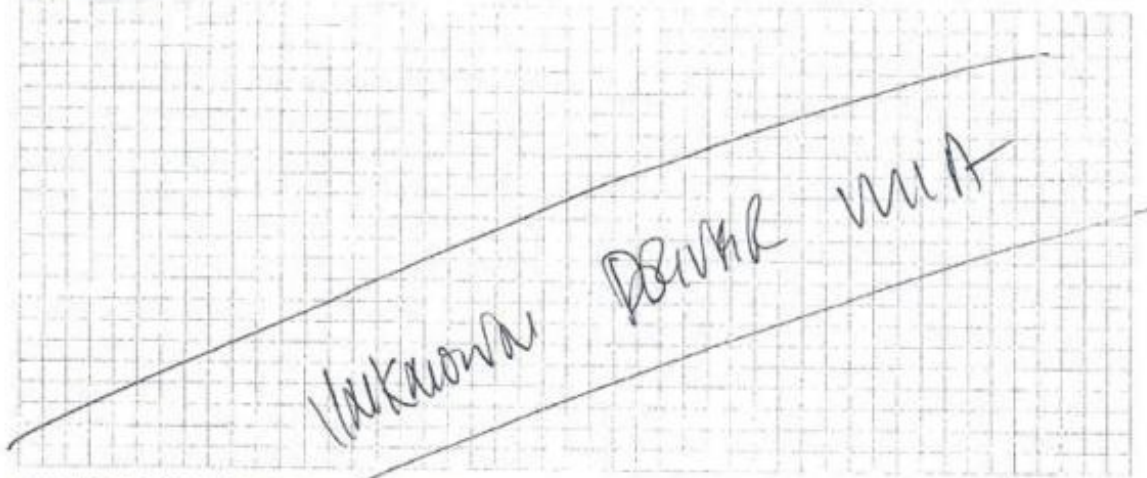
KIDFORTE PTE LTD
Reg. No. 199104589H
BLK 219 HENDERSON ROAD
#09-00 SINGAPORE 159556
TEL: 62766033 Fax: 62766022

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT D/20170916/2060

DECLARATION

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

KIDFORTE PTE LTD
Reg No: 199104885R

BLK 219 HENDERSON ROAD
#09-04 SINGAPORE 159556
TEL: 62766033 Fax: 62766022

QARMC SketchPlanForm_V3

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

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

24/01/2020
Koh L. M. H.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20170916/2060

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POLICE REPORT (NP299)

Report No. D/20170916/2060

Police Station Of Origin
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Date/Time Report Made 16/09/2017 16:31	Vide Report No.	Station Diary No. 13
Name Of Informant MOHD AZLIN BIN ANNUAR	Address	
ID Type / ID No. FIN NO / G6917511U	Contact No. Home/Office	Mobile 98105401
Nationality MALAYSIAN	Email Address	
Occupation Lorry driver	Sex Male	Age 32
Institution/School Name	Date of Birth 25/04/1985	Race Malay
Date/Time Of Incident 13/09/2017 18:30	Location Of Incident 430 UPPER CHANGI ROAD EAST VILLAGE SINGAPORE 487048	

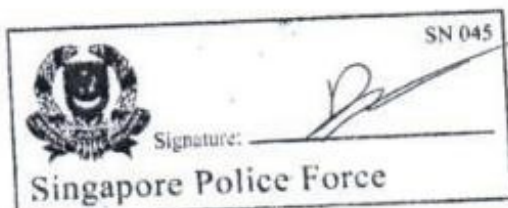
Brief details.

On 13/09/17 at around 1830hrs, I was driving my company's lorry GBD3547A into the carpark of East Village Mall. It was my first time driving to the location making deliveries and I did not know where the entrance for loading and unloading for lorries. I went into one of the entrance and saw a sign with a picture of a lorry and thought that the loading and unloading bay would be there.

I then drove slowly and then heard a metal-grinding-metal sounds. I immediately stopped my lorry. I got out of my vehicle and saw that the top left part of my lorry had hit onto the level 1 covered ceiling of the

Signature Of Officer Recording The Report: D / Staff Sgt MUHAMMAD DANIAL BIN JAFFAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2017 16:31
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Staff Sgt CHUA BOON PIN Contact No.:	Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



D/20170916/2060

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20170916/2060

building. The metal structure of the ceiling became dented and one part of the metal structure came off. The top left part of my lorry became dented and there were some scratches on it. The management of the building was notified of the matter and they informed that they will contact my company (Kidforte Pte Ltd).

I am making this report as IDAC informed me to make a Police report as my company wants to make insurance claims.

Signature Of Officer Recording The Report: D / Staff Sgt MUHAMMAD DANIAL BIN JAFFAR
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Staff Sgt CHUA BOON PIN Contact No.:

Authentication Stamp

Signature Of Informant:
Date/Time: 16/09/2017 16:31
Classification Of Case:

