

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	04/02/2020 22:32
Date Of Accident	04/02/2020 07:25
Exact Location Of Accident	SLE- BKE 11.2KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7028U
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	2XXXXX882K
Email Address	JEREMYC_QUEK@CERTISSECURITY.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68428849

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75L-5.2 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19093619MFVS/21
Cover Note Number	

Driver

Name of Driver	MOHD HALIM BIN EHSAN
Passport No/FIN	GXXXX762L
Date Of Birth	26/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2012
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97746026
Fax Number	
Contact Number	
Email Address	JEREMYC_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: : MUHAMMAD KHAIRUDIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REPORT NO: F/20200204/2023

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	SMP4729S
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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/are 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 to be 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 compliance with requirements under any regulations, laws or court orders.



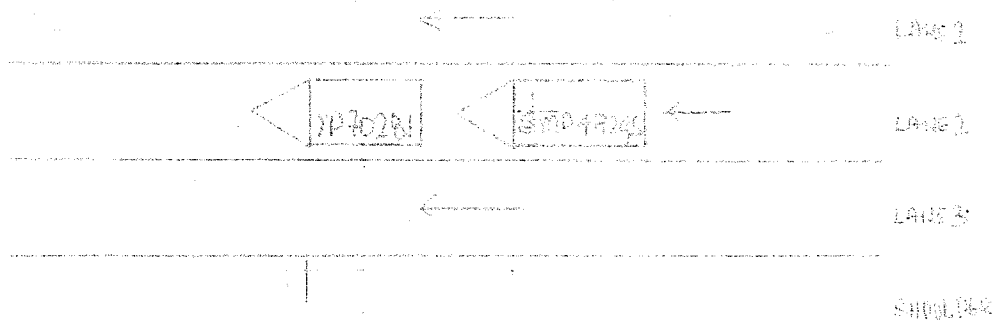
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

24 FEB 81 14:56 000204/0023

DECLARATION

We declare that the foregoing particulars are true in every respect.



Policyholder's
Date & Time:

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

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



F/20200204/2023

1 of 2

POLICE REPORT (NP258).

Report No. F/20200204/2023

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1600-4849999

Date/Time Report Made 04/02/2020 09:52	Vide Report No.	Station Diary No. 20
Name Of Informant MOHD HALIM BIN EHSAN	Address 50 JLN PADI RIA 16 BANDAR BARU UDA	
ID Type / ID No. FIN NO / G2010762L	Contact No. Home/Office	Mobile 97746026
Nationality MALAYSIAN	Email Address	
Occupation Other heavy truck and lorry drivers	Sex Male	Age 37
Institution/School Name	Date of Birth 26/12/1982	Race Malay
Date/Time Of Incident 04/02/2020 07:25 - 04/02/2020 07:30	Location Of Incident SELETAR EXPRESSWAY SINGAPORE 11.2KM point	

Brief details.

I am the driver for Emas Recovery with vehicle number YP7028U , together with my Co-driver(Muhammad Khairudin, S8936549I, 90024439) and was doing our daily patrols when we spotted a vehicle at the shoulder of SLE at the 11.1km and wanted to stop however it was too late as we were on lane 2. I then wanted to take the next exit which is turf club. There was a Toyota wish that swerved in front of our recovery truck which caused me to slow down and a white audi(SMP4729S) hit the back of our Recovery truck.

Signature Of Officer Recording The Report: F / Sgt 2 HUR FARAHIN BINTE RAHMIM Izz Khairin	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2020 09:52
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sgt 2 KERK LI PING Contact No.: 64849999	Classification Of Case:

Authentication Stamp

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



F/20200204/2023

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200204/2023

My recovery truck suffered scratches while the other party front bumper and hood was badly damaged.
No one was injured.

I am lodging this report for record purposes.

Signature Of Officer Recording The Report: F / Sgt 2 WIR FARMIM BINTE RAHM <i>Dr. J. Chavira</i> <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2020 09:52
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sgt 2 KERK LI PING Contact No.: 64849999	Classification Of Case:
Authentication Stamp	

[Signature]