

## 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	03/08/2020 14:28
Date Of Accident	01/08/2020 13:15
Exact Location Of Accident	ALONG AYE NEAR WEST COAST EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8542K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FMI SERVICES PTE LTD
Co Reg No	199001140E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68616611

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE84BE6SRDEA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	Z/20/VC00/106989
Cover Note Number	

### Driver

Name of Driver	SAIBI BIN ALI
NRIC No	S0541225J
Date Of Birth	14/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1981
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94673061
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 602 CLEMENTI WEST STREET 1 #03-23
Postcode	120602
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	SIDE SWIPE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NPP
Police Station Address	<b>ROAD:</b> 158 YUNG LOH ROAD #01-58 , <b>POSTCODE:</b> 610158 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO STATEMENT ON THE SKETCH PLAN.

#### 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	GBH5870G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

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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.

Policyholder's Signature  
Date & Time:



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

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

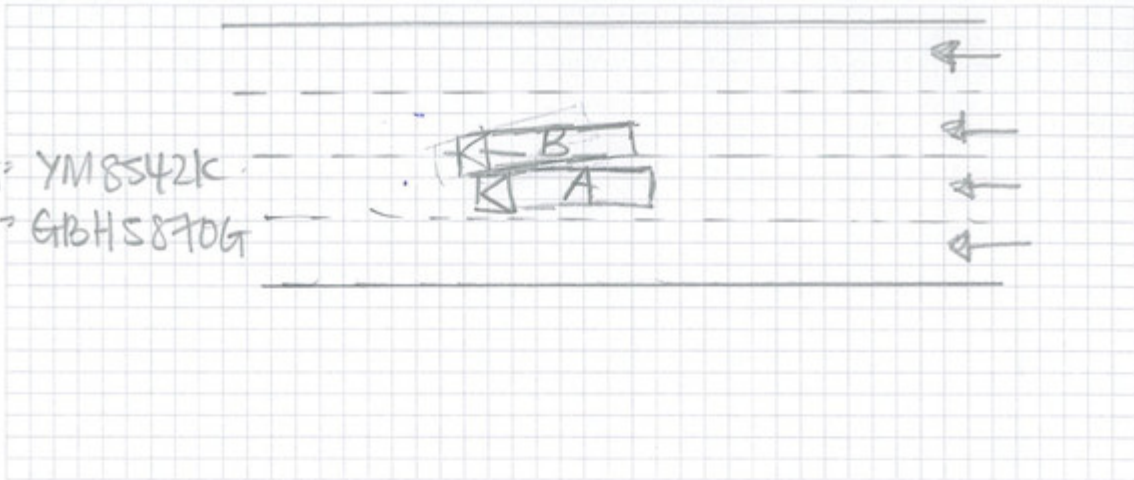


Namiah  
03/08/2020

SKETCH PLAN

ALONG AYE NEAR WEST COAST EXIT.

A = YM8542K  
B = GBHS870G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: YM8542K	ACCIDENT DATE & TIME: 01/08/2020 @ 1315hrs
CONTACT NUMBER: 94673061	E-MAIL ADDRESS:
LOCATION: Along AYE near West Coast Exit.	
<p>I was travelling straight on the 3rd lane of a 4-lanes road, along AYE near West Coast Exit. I wanted to filter to the right lane. As such, I signalled right when Veh B encroached into my lane and overtook me. As a result, the left portion of Veh B brushed against the front right portion of my vehicle. Nobody was reported with injuries. That's all.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARMC Services Form V3

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

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



Nabikh  
03/08/2020

Jurong West NPC  
700 Corporation Road  
Singapore 649818  
Tel: 62689999 Fax: 62672438

Traffic Police



Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

Annex D

**NOTICE OF REPORTING**

Informant Name : Saibi Bin Ali  
Identity Card No : S0541225J  
Age / Sex : 71 years / Male  
Address : Blk 602 Clementi West Street 1 #03-23  
Nationality and Race : Singapore Citizen  
Occupation : Drive  
Telephone No : 94673061

This is to confirm that the above informant, driver of vehicle registration number, **YM8542K**, has reported to the Police a non-injury traffic accident which occurred on the 01/08/2020 at 1315hrs at AYE EXPRESSWAY, NEAR WEST COAST EXIT, involving the following vehicle/s:

1. YM8542K (Mitsubishi lorry)
2. GBH5870G (Nissan Van)

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer : SSGT Maaran  
Date / Time : 01/08/2020 at 1353 hrs  
Station Diary No : 13  
Police Post : Jurong NPP

Signature of Informant :

Signature of Issuing Officer :

Original  
Duplicate

- to be issued to informant  
- to be submitted to Traffic Police

JURONG NPP  
158 Yung Loh Rd  
Singapore 610158  
Tel : 6265 9999 Fax : 6266 4987

Accident Photo



Accident Photo



Accident Photo



Accident Photo

