

## 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	04/08/2020 12:26
Date Of Accident	01/08/2020 12:10
Exact Location Of Accident	KUKOH 21 FOOD CENTRE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9107C
<b>Insured/Policyholder</b>	
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	NISSAN
Model	NV350-2.5 (A)
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-20095327MFCV/16
Cover Note Number	

### Driver

Name of Driver	KHOR KAR HOONG
Passport No/FIN	GXXXX537K
Date Of Birth	03/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2016
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81619313
Fax Number	
Contact Number	

Address 20 JALAN AFIFI

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 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? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1  
NAME: : STAFF  
GENDER: : MALE

### Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

REFER TO INCIDENT 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 SHC7413K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver LIAW SWEE TEE

NRIC/Passport Number

Contact Number 97835882

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

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 reassess 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. 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 lodging 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.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 7/8/2020 09:20 hrs

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

Que Kim Ping  
7960

## Sketch Plan #2 Pg. 1

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS THE INCIDENT REPORT

### DECLARATION

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




Shareholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 2/2/2020 04:00 PM

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

## INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition
KUKOH 21 FOOD CENTRE CARPARK	FOOD CENTRE	01/08/2020	1210 HRS	SUNNY DAY
Person(s) Involved	Particulars of Witness(es)			
CPL 52643 KHOR KAR HOONG ASP 71674 JASON TAN TECK SHENG LIAW SWEE TEE	CPL 52643 KHOR KAR HOONG ASP 71674 TAN TECK SHENG LIAW SWEE TEE SO195695G (H/P: 97835882)			
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)				
I KHOR KAR HOONG HAVE A INCIDENT AT KUKOH 21 FOOD CENTRE CARPARK 1210 HRS. THE DRIVER LIAW SWEE TEE WITH VEHICLE SHC7413K WHILE REVERSING SIDE SWEEP HIT MY VEHICLE QBC9107C FRONT DRIVER SIDE.				
Reported by : (Rank/Svc No/Name) CPL 52643 KHOR KAR HOONG	Signature 	Date 1/8/2020	Time 1740 HRS	

Details of Incident (Cont'd)

Sketch

MARKET  
FOOD CENTRE

MY  
VEHICLE  
GAC910C

TAXI  
SHC743X