Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/08/2020 12:42

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 witholding 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	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
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	2XXXXX882K
Email Address	JEREMYYC_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	

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

NO

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) 2

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 NO

Was there any audio recorded?

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 Pg. 1

SKETCH PLAN

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- 8y 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 collectivally 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 :
 - 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) corrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my c.vims (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 "Districtors")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law fams, 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 Pursonal 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:
 - to alk 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 Oste & Time: Driver's Signature
(if driver is not the policyholder)
Park & Time: on latenage 197

DELE & Time: 9/8/2020 0920 148

Reporting Centre Personnel's Signature

Name: NRIC/RN No.:

SKETCH PLAN	* 1 * e	44-		
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hcyholder's Signature ate & Time:	Driver's Signature (If driver is not the Date & Time: 2)	9 policyholder) 8/2020 Alloyans	Mame:	re Personnal's Signature



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	YAQ YNNUS
Person(s) Involved		Particulars	of Witness(es)
CPL 52643 KHOR KAR HOOM ASP71674 JASON TANTECK SHENG LIAW SWEE TEE	ASP T	52643 KH 11674 TAN WEE TER	TECK SH	
(Who What I	Details of Where, When, Why, H			
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eported by :	Signatur	е / С	Pate, ,	Time ,
Rank/Svc No/Name) IPL 52643 KHOR KAR HO	ong	14	1/8/2020	1740 HRS

Details of Incident (Cont'd)				
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Sketch				
MARKET FOOD CENTRE				
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