

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	10/09/2020 17:29
Date Of Accident	07/09/2020 10:45
Exact Location Of Accident	PIE TUAS 14.7KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6833T
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Insured/Policyholder

Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	JEREMYC_QUEK@CERTISSECURITY.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68428849

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR75U-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/5
Cover Note Number	

Driver

Name of Driver	CHONG TECK WAI
Passport No/FIN	G6783188N
Date Of Birth	15/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2013
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88331165
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : EMAS CO DRIVER
	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

T/20200907/2037

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	FBK5445K
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	VEH B
Vehicle Category	MOTORCYCLE
Name of Driver	MOHD FAIRUZ MOHD DOKTAR
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/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: 07-09-2020
13:16

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: QUEK KIM SENG
S8013338C

Accident Sketch Plan Pg. 1

SKETCH PLAN



A-YP6833T
B-FBK5445K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

T/20200907/2037

DECLARATION

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



Police Officer's Signature _____
Date & Time _____

Driver's Signature
(If driver is not the policyholder)

Date & Time: 07-09-2020
13 16

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: QUEK KIM SENG
S8013338C

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200907/2037

Place of Origin:
Jubi NPP
Jubi Crescent #01-2687 SINGAPORE
#00009
Tel No: 1800-7479999

1 of 3
Report No. T/20200907/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2020 12:39	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: CHONG TECK WAI		Address: APT BLK 6 BEDOK SOUTH AVENUE 2 #09-342 SINGAPORE 460006	
ID Type / ID No.: FIN NO / G6783188N		Contact No.: Home/Office: Mobile: 88331165	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 36	Date of Birth: 15/06/1984	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TRUCK DRIVER		Driving Licence Information: Class: 2B,3,4A,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2020 10:45	Type of Location: Others
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK5445K	Motorcycle				Slightly Damaged	0
YP6833T	Truck				No Damage	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200907/2037

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20200907/2037

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD FAIRUZ MOHD DOKFAR		ID No. S8201222B
Related Vehicle	FBK5445K (Motorcycle)		Contact No. 90017406
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHONG TECK WAI		ID No. G6783188N
Related Vehicle	YP6833T (Truck)		Contact No. 88331165
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4A,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date time and location, I was driving my vehicle YP6833T on the third lane along PIE Tuas when a car in front of me tried to change into the fourth lane. I then slowed down my vehicle in which said vehicle FBK5445K collided into my vehicle's rear. I would like to inform that no one was injured. I am lodging this report for record purposes only.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200907/2037

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20200907/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 CHIAN JUN YING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2020 12:39
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: -
Authentication Stamp NP168	