

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	07/11/2020 15:51
Date Of Accident	03/11/2020 20:20
Exact Location Of Accident	MARSILING LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5202A
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Insured/Policyholder

Name Of Registered Owner	DANMAX SECURITY MANAGEMENT PTE LTD
Co Reg No	2XXXXX393C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 VANETTE 1.6DX AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ20-001549
Cover Note Number	

Driver

Name of Driver	CHAU KAR YONG (ZHAO JIARONG)
NRIC No	SXXXX335F
Date Of Birth	01/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2002
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88895889
Fax Number	
Contact Number	OFFICE-88895889
Email Address	NOEMAIL

Address	BLK 452 YISHUN RING ROAD #11-152
Postcode	760452
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T20201103/2132.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP9955C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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7. By 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 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:

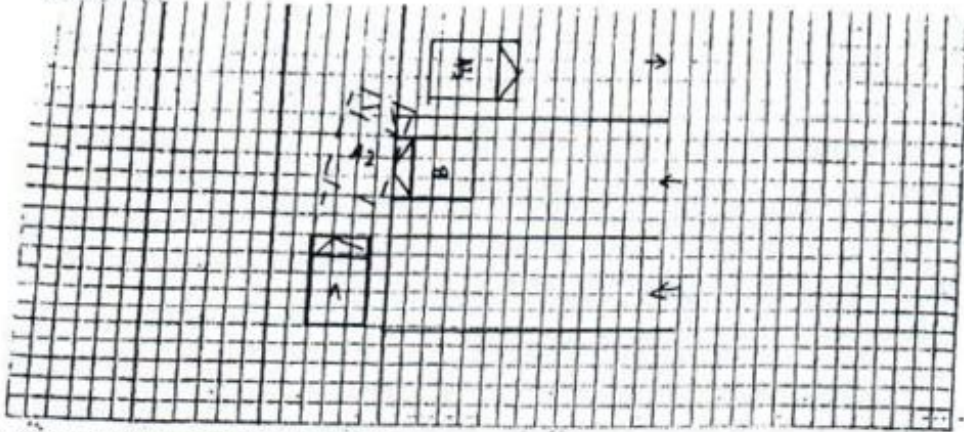
Insurer's Signature
(if different from the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Vehicle A:
GBJS202A
Vehicle B:
FBPA955C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time:



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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201103/2132

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20201103/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2020 23:10	Vide Report No.: L/20201103/0132	Station Diary No.: 126
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Informant's Particulars

Name of Informant: CHAU KAR YONG			Address: APT BLK 452 YISHUN RING ROAD #11-152 SINGAPORE 760452		
ID Type / ID No.: NRIC NO / S8018335F			Contact No.: Home/Office: Mobile: 88895889		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 01/07/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SENIOR OPERATIONS EXECUTIVE			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/11/2020 20:20	Type of Location: T-Junction
Location: MARSILING LANE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP9955C	Motorcycle				Slightly Damaged	0
GBJ5202A	Van				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20201103/2132

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768627
Tel No: 1800-8529999

2 of 3

Report No. T/20201103/2132

CONTINUATION OF REPORT

Driver			
Name	CHAU KAR YONG		ID No. S8018335F
Related Vehicle	NIL		Contact No. 88895889
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/11/2020 at about 2020hrs, I was driving out of Blk 17 Marsiling Lane carpark. At this juncture, I was turning right from carpark. I then saw an oncoming motorcycle bearing the registration number FBP9955C from the right. However the motorcycle was a distance away and I believed that I have ample time to make the right turn safely. I then make the right turn. Suddenly, while I was making the right turn, I felt and heard an impact on the right side of my vehicle. I alighted and realized that the motorcycle had hit onto the side of my vehicle. I then called assistance and subsequently ambulance and traffic police came to the scene. My in car camera memory card was seized by traffic police.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



174729110792132

3/4/3

Report No: 174729110792132

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:

L/

Staff Sgt MOHAMMED ZUFARHAN BIN BOHARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / OIT /

Sgt 2 ABDUL MUHAMIN BIN HUSSAIN

Contact No: 65476090

Authentication Stamp
NP168



Singapore Police Force

Signature Of Informant:

Date/Time:

03/11/2020 23:10

Classification Of Case:

BN 085

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

