

## 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 ability
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 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	02/09/2016 16:28
Date Of Accident	01/09/2016 21:30
Exact Location Of Accident	TANGLIN HALT ROAD
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YL4190Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-86498269
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FE639C6SRDEA
Exact Purpose for which vehicle was being used at time of accident	Commercial
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
<b>Insurance Company</b>	
Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12039930MFCV
Cover Note Number	N.A.
<b>Driver</b>	
Name of Driver	SONG HENG
NRIC No	G2168445M
Date Of Birth	03/12/1990
Occupation	Outdoor
Date Of Driving Pass	15/02/2013
Driving Experience	3 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-86498269
Fax Number	
Contact Number	
EMail Address	chiawei.wong@qqgroup.sg

Address  
 Postcode  
 Was driver an employee of the Insured's Company No  
 If No, Relationship of the Driver with the Insured Other - HIRER  
 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 Side  
 Weather Conditions Drizzling  
 Road Surface Wet

#### Other Information

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? No  
 Was any other material or property damaged? Yes  
 Was there any video captured by Car Camera? No  
 Number of Passengers (Including Driver) 1

#### 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

I was driving along the said location, on the outer lane of two lane road on one way street. Vehicle b was on the left lane, overtook me and tried to make a right turn into a small road. Vehicle b came closed, trying to cut in front of my vehicle. I stopped my vehicle to avoid colliding. The right side mirror hit onto my left front portion. I wish to say that the driver of the said vehicle reverse his vehicle after hitting onto my vehicle.

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKG4544D  
 Vehicle Make/Model/Colour TOYOTA/ ALPHARD CVT/ WHITE  
 Details Of Properties NA  
 Name of Driver RAHIMIN BIN ZAKARIA  
 NRIC/Passport Number S7936972A  
 Contact Number NA  
 Address NA  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address



# Sketch Plan

1. This form must be completed by the policyholder and/or the Authorized Driver.
2. The information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may result in the insurance company's repudiation of policy validity.
3. The insurer and its representatives of this form to the Police for investigation.
4. Any false reporting may be referred to the Police for investigation.
5. The report will be forwarded by the insurers of the GUA 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 application by interested parties.
6. By the completion of this report at the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available elsewhere.
7. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:  
(a) the insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 insurers who have insured my vehicle (collectively the "Insurers") who have insured vehicles involved in this accident (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 purposes 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 making 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/postal packages; and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").  
(b) all insurers, who have insured vehicles involved in the accident and the insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) the Personal Information may also 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 based outside of Singapore), for one or more of the above Purposes.

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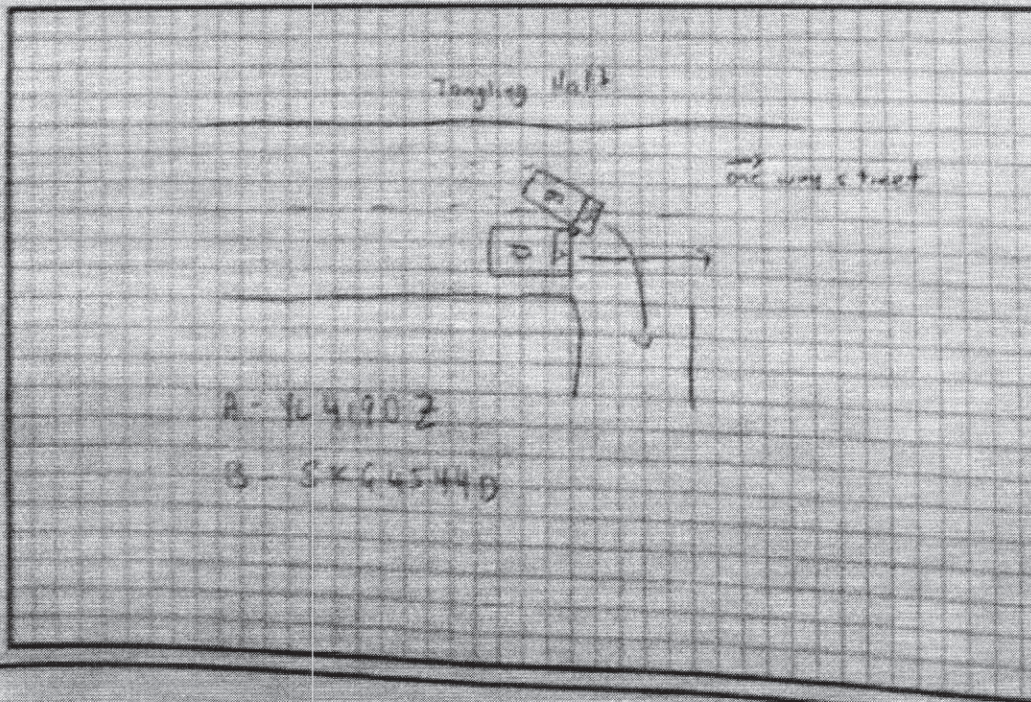
VERIFIED BY OFFICER  
HELMY 58111652J

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre  
Personnel

## Sketch Plan





Common Statement

ACCIDENT STATEMENT (2000 characters)

I was driving along the said location, on the outer lane of two lane road on one way street. Vehicle b was on the left lane, overtook me and tried to make a right turn into a small road. Vehicle b came closed, trying to cut in front of my vehicle. I stopped my vehicle to avoid colliding. The right side mirror hit onto my left front portion. I wish to say that the driver of the said vehicle reverse his vehicle after hitting onto my vehicle.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

DECLARATION

(We declare that the above particulars & information provided above are true in every aspect)

VERIFIED BY MARS OFFICER - HELMY, S8111652J

MARS Officer

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Registered Owner or Driver's Signature

Job Complete Date/Time

2 September, 2016 3:42 pm

Date/Time:

2 September, 2016 3:43 pm

Text size + -

**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 3585C

**Vehicle Details**

Vehicle No.: YL4190Z

Vehicle to be Exported: Yes

Intended De-registration  
Date: 20 Sep 2016

Vehicle Make: MITSUBISHI

Vehicle Model: FE639C6SRDEA

Primary Colour: White

Manufacturing Year: 2003

Engine No.: 4D34J43878

Chassis No.: FE639CA40558

Maximum Power Output: -

Open Market Value: \$23,870.00

Original Registration  
Date: 07 Jun 2003

First Registration Date: 07 Jun 2003

Transfer Count: 0

Actual ARF Paid: \$1,194.00

**Intended PARF Rebate Details**

PARF Eligibility: No

PARF Eligibility Expiry  
Date: -

PARF Rebate Amount: \$0.00

**Intended COE Rebate Details**

COE Expiry Date: 31 May 2018

COE Category: C - Goods Vehicle &amp; Bus

COE Period(Years): 5

PQP Paid: \$27,584.00

COE Rebate Amount: \$9,357.00

**Total Rebate Amount: \$9,357.00****Message**

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 20 Sep 2016

OK