

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	19/10/2015 17:58
Date Of Accident	19/10/2015 14:25
Exact Location Of Accident	ALONG WEST COAST PARK TO JURONG BEFORE CLEMENTI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM4716C
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90252126
Alternative Phone No	Office-90252126

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	Reporting Only
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12O39930MFCV
Cover Note Number	NA

Driver

Name of Driver	YIP SOON FATT
NRIC No	S1803294E
Date Of Birth	18/11/1967
Occupation	Outdoor
Date Of Driving Pass	30/06/1989
Driving Experience	26 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-90252126
Fax Number	(Local) +65-90252126
Contact Number	
EEmail Address	NOEMAIL

Address	NA
	NA
Postcode	NA
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	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	Yes
Foreign Vehicle Registration Number	TWC1761A (Commercial Vehicle)
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?	Yes
If Yes, Please state which Police Station	
Police Station Name [Other]	HAD ADVISE TO FILE REPORT
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

I was travelling ALONG WEST COAST PARK TOWARD JURONG BEFORE CLEMENTI RD, there was 3 lane and I was on the third lane, I didn't see the front truck was stationary hazard light suddenly I swerved into the second lane, thus I hit the rear right portion on the other party vehicle.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TWC1761A
Vehicle Make/Model/Colour	SCANIA / TRELER
Details Of Properties	NA
Name of Driver	AZHAR BIN ABDUL RAHMAN
NRIC/Passport Number	820120016933
Contact Number	0177745443
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	1

Details of Witness

Name	NA
Phone Number	NA
Email Address	NA

Sketch Plan

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.

VERIFIED BY MARS OFFICER

MUSTAQIM

S8437701E

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was travelling ALONG WEST COAST PARK TOWARD JURONG BEFORE CLEMENTI RD, there was 3 lane and I was on the third lane, I didn't see the front truck was stationary hazard light suddenly I swerved into the second lane, thus I hit the rear right portion on the other party vehicle.

Taxi Voucher No.:

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

No, Reporting only

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY MARS OFFICER - MUSTAQIM,
S8437701E

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

19 October 2015 3:50 pm

Date/Time:

19 October 2015 3:50 pm

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



Accident Photo



Accident Photo



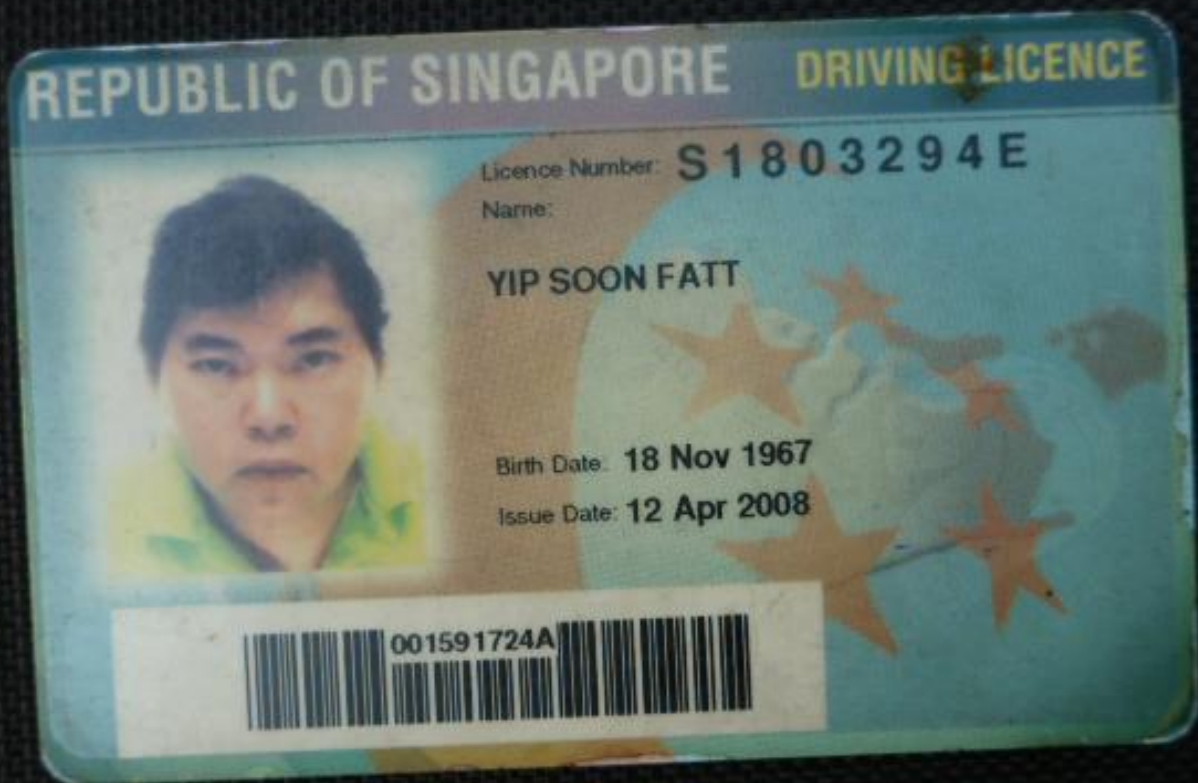
Accident Photo



Accident Photo



Driving License



16:08 19/OCT/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3	Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	10 Feb 1988
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	30 Jun 1989

NP 428A



16:08 19/OCT/2015