

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 Submission	03/09/2021 12:04 (SGT)
Date of Accident	01/09/2021 15:40 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH979K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CERTIS CISCO SECURE LOGISTICS PTE LTD
Company Reg No	2XXXXX933W
Email Address	csteo88@hotmail.com
Mobile Phone No	(Phone) +65-91132371
Alternative Phone No	+65-91132371

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	124

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097295MFCE/43
Cover Note Number	-

DRIVER

Name of Driver	KAMARRUDDIN BIN KAMSAN
NRIC No	SXXXX676D

Date Of Birth	22/04/1965
Occupation	Outdoor
Date Of Driving Pass	12/12/1986
Driving experience	34 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91132371
Alt. Phone Number	-
Email Address	leongsen@singnet.com.sg
Address	BLK 6 MARSILING DRIVE #05-96
Address complement	-
Postcode	730006
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND ATTACHMENT

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	SML1983P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DARRY LIM TENG KEONG
NRIC No	SXXXX833J
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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:

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

SKETCH PLAN

SLK TOWARDS CRK

A - FBH 979K

B- SML1983P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

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



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

2.9.21
17.6 hrs


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

NRIC/FIN No.:



OPS STORE INCIDENT REPORT

OPS STORE INCIDENT REPORT				S/N	
				Item / vehicle Description	
				FBH 979F	
Location of Incident	Department	Date of Incident	Time of Incident	Weather Condition	
SLE Toward AE/TRE	BLS/ PMS	01-09-2021	1540hrs	Dry	
Person(s) Involved	Particulars of Witness(es)				
02 person	/	/	/	/	/
Details of Incident					
(Who, What, When, How, Why and Other Essential Details)					
<p>I was riding at lane 2, lane was clear Road was dry. Then got 1 lorry on my left lane 3. The car was from behind the lorry, the car suddenly change lane from lane 3 to lane 2 and hit my left side of my motorbike</p>					
Car no. SML 1983P					

Reported by :	Kamardin Lanson	Signature: 	Date : 01-09-21	Time : 09.35hrs	

aw 03/09/2021











