



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 Authorized 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 15/09/2021 10:26 (SGT)
 Date of Accident 14/09/2021 16:45 (SGT)
 Exact Location of Accident Jln Eunus, Singapore
 Additional Location Information JALAN EUNOS SLIP ROAD
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF2358A

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner NETLINK MANAGERMENT PTE LTD
 Company Reg No 2XXXXX784C
 Email Address ratagana@netlinknbn.com
 Mobile Phone No (Phone) +65-92314404
 Alternative Phone No (Office) +65-92314404

VEHICLE PARTICULARS

Manufacturer Citroen
 Model Berlingo
 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? Yes
 Vehicle Category Commercial vehicle
 Transmission Auto
 CC 1560

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
 Type of Coverage Comprehensive
 Fleet Policy Yes
 Policy Number D-20096413MFCV/1
 Cover Note Number -

DRIVER

Name of Driver TAGANA RAUL BUAN
 Passport No/FIN GXXXX562Q



Date Of Birth 03/12/1973
 Occupation Outdoor
 Date Of Driving Pass 23/11/2013
 Driving experience 7 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number
 Alt. Phone Number (Phone) +65-92314404
 Email Address seebin@netlinknbn.com
 Address BLK 431A BEDOK NORTH ROAD #13-43S
 Address complement
 Postcode 461431
 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 Collision - Head to Rear
 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? Yes
 Police Station Name Bedok South Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18002448999
 Alt. Police Station Phone No (Fax) +65-62446558
 Police Station Address 20 Chai Chee Drive Singapore 469045
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

ATTACHED POLICE REPORT NO. T/20210914/2101

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 SMU339J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car

Name of Driver -
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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 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.
 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' law firms/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.
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

			
Policyholder's Signature / Date & Time	Driver's Signature / Date & Time	Witnessed by Reporting Centre Personnel	

Sketch Plan

Sketch Plan Part

A - 90F 3358A

B - 90F 339J


Describe Circumstances of the Accident

Attached police report on 7/20/09/14/201

Declaration

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


 Policyholder's Signature / Office
 Time


 Driver's Signature (if driver is not the policyholder) / Date
 & Time 15/09/14/201


 Witnessed by Reporting Centre
 Personnel



**SINGAPORE
POLICE FORCE**



T/20210914/2101

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448899

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Report No. T/20210914/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2021 18:09		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: TAGANA RAUL BUAN		Address: APT BLK 431A Bedok North Rd #13-435 SINGAPORE 461431		
ID Type / ID No.: FIN NO / G0704562Q		Contact No.: Home/Office: Mobile: 92314404		
Nationality: FILIPINO		Email: ratagana@netlinknbn.com		
Sex: Male	Age: 47	Date of Birth: 03/12/1973	Type of Informant: Driver	
Race: Filipino		Language:		Institution / School Name:
Occupation: ASSOCIATE ENGINEER		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/09/2021 16:45	Type of Location: Bend
Location: JALAN EUNOS				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF2358A	Van				Slightly Damaged	0
SMU339J	Car				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2449999



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Report No. T/20210914/2101

CONTINUATION OF REPORT

Driver			
Name	TAGANA RAUL BUAN		ID No. G0704562Q
Related Vehicle	GBF2358A (Van)		Contact No. 82314404
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
Driver			
Name	MUHAMMAD YUSOF BIN HASIM		ID No. S8912305D
Related Vehicle	SMU339J (Car)		Contact No. 91014228
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 Slight

Brief Details.

On 14/09/2021 at about 1645hrs, I was driving my vehicle plate bearing no. GBF2358A along the left bend from Jalan Eunus towards Sims Ave East.

Subsequently, while I was about to drive out towards Sims Ave East Rd I was looking at the on-going traffic along Sims Ave East on the right side. My vehicle then collided onto the rear vehicle plate bearing no. SMU339J. The said vehicle was in front of me at the point of collision.

Traffic police had attended to the accident however I do not know the incident number.

I did not sustain any injuries on me however the other involved driver had a headache after the accident.

The right front bumper of my vehicle was dented and the right front headlight of my vehicle was broken after the collision.

The vehicle bearing no. SMU339J rear door was seriously dented and rear window was completely broken.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T20210914/2101

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Report No. T20210914/2101

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 3 SUI WENDY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2021 16:09
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65478151	Classification Of Case:
Authentication Stamp NP168	