

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 10/12/2021 09:25 (SGT)
Date of Accident 05/12/2021 21:15 (SGT)
Exact Location of Accident Benoi Sector, Singapore
Additional Location Information JUNCTION OF BENOI SECTOR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR7473D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Company Reg No 2XXXXX882K
Email Address JEREMYC_QUEK@CERTISGROUP.COM
Mobile Phone No (Phone) +65-68428849
Alternative Phone No (Office) +65-68428849

VEHICLE PARTICULARS

Manufacturer Honda
Model Nc750xa
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 750

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-21097290MFCE/117
Cover Note Number -

DRIVER

Name of Driver GANDIPANH MUTHIAH KAMGAPPAN
NRIC No SXXXX051Z

Date Of Birth	30/06/1975
Occupation	Outdoor
Date Of Driving Pass	15/11/1997
Driving experience	24 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93849400
Alt. Phone Number	-
Email Address	JEREMYC_QUEK@CERTISGROUP.COM
Address	BLK 120 PAYA LEBAR WAY #05-2931
Address complement	-
Postcode	381120
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 North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2706Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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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 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 Traffic Police Department for investigation.
 6. This report will be forwarded by the insurers to 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.
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 situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - FRK 74730
B - XE 27062

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Describe Circumstance of the Accident

Refer to Police Report. T/2021/206/2005.

Declaration

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

Policyholder's Signature / Date & Time

X *[Signature]* 08/12/21 19:06:01
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20211206/2005

1 of 3

Report No. T/20211206/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2021 01:52	Vide Report No.: J/20211205/0199	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: GANDIPANH MUTHIAH KAMGAPPAN		Address: APT BLK 120 PAYA LEBAR WAY #05-2931 SINGAPORE 381120	
ID Type / ID No.: NRIC NO / S7575051Z		Contact No.: Home/Office: Mobile: 93849400	
Nationality: MALAYSIAN		Email: gandipanh@gmail.com	
Sex: Male	Age: 46	Date of Birth: 30/06/1975	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: Private security officer		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/12/2021 21:15	Type of Location: X-Junction
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Location:

BENOI SECTOR

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Moving vehicle head to stationary vehicle rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR7473D	Motorcycle	HONDA	NC750XA	White	Seriously Damaged	0
XE2706Z	Lorry	MAN	TGS 40.540 6X6 BBS- WW AUTO	White	No Damage	0



SINGAPORE
POLICE FORCE



T/20211206/2005

2 of 3

Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20211206/2005

CONTINUATION OF REPORT

Brief Details.

On 5/12/2021 at about 9 15pm, I was at work and riding on motorcycle belonging to Certis Cisco bearing plate number FBR7473D at the junction of Benoi Sector, Pioneer Road and Pioneer crescent. I was escorting a trailer bearing plate number XE2706Z to cross the junction. My colleague rode ahead to control traffic while I rode and stopped at the middle of the junction to control traffic. The trailer was supposed to pass through the traffic light against the flow of traffic to prevent the trailer from hitting the traffic light. However the trailer collided into my motorcycle rear which was stationary. I suffer from light bruises on my leg as a result and the motorcycle was damaged. Traffic police and SCDF was at scene and no one was conveyed. I informed Certis Cisco about the matter and was informed to lodge a traffic accident report for GIA.



SINGAPORE
POLICE FORCE

Police Station Of Origin
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20211206/2005

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Report No: T/20211206/2005

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 AW JING YING CHLOE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/12/2021 01:52

Officer In Charge Of Case
TP / GIT /
Sgt 3 MUHAMMAD FARHAN BIN SAIRI
Contact No: 65476224

Classification Of Case:

Authentication Stamp
NP166

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
 RECORDS MANAGEMENT CENTRE
 138 Robinson Road #07-09
 The Corporate Office
 Singapore 068906
 Phone: +65 6224 0010 Fax: +65 6224 0030
 Operating Hours: Monday to Friday 9am to 5pm

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No: SC1521CA0001 Vehicle Registration No: FBR 7473D
 Name(as shown in NRIC): Certis CISCO Auxiliary Police Force Pte Ltd
 ("Vehicle Driver/Vehicle Owner") (*)Please delete as appropriate
 NRIC/Passport No: 200900882K
 Address: 20 Jalan Afifi
 Contact (Tel): 68428549 (H/P): _____
 (Email): Jeremy.yc-Quack@certisgroup.com
 Date Of Accident: 05/12/2021 Time Of Accident: 21:15
 Place Of Accident: Benoi Sector Singapore
 Insurance Company: M/S First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:-

No injuries in the accident

SIGNATURE OF VEHICLE OWNER/DRIVER
 DATE: _____