

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 28/06/2021 14:51 (SGT)
Date of Accident 20/06/2021 06:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information PAN-ISLAND EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK6029Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Company Reg No 2XXXXX882K
Email Address SALLYL_ZHANG@CERTISGROUP.COM
Mobile Phone No (Phone) +65-90683451
Alternative Phone No +65-90683451

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400x
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 Auto
CC 400

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-21097290MFCE/103
Cover Note Number -

DRIVER

Name of Driver FAUZI BIN BUANG
NRIC No SXXXX459I

Date Of Birth	19/04/1970
Occupation	Outdoor
Date Of Driving Pass	14/07/2009
Driving experience	11 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98395511
Alt. Phone Number	-
Email Address	SALLYL_ZHANG@CERTISGROUP.COM
Address	BLK 694 JURONG WEST CENTRAL 1 #02-15
Address complement	-
Postcode	640694
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP4752J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBK5629Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report to Police Report
7/22/10 620/1021

DECLARATION

which declares the *Arbeitskreis* participants are free in every respect.

Philly's *Philly's* is a neighborhood
Philly's is a neighborhood
Philly's is a neighborhood

Driver's Signature
 Of Driver is not the professional
 Date & Time
 2/6/21

Supporting Letter Personnel's Signature
Name: _____
Title: _____

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SKETCH PLAN

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- This form must be completed by the Police Officer and/or the Authorised Driver.
- Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded to the insurers of the Q&A Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will be a fee for made available upon application by interested parties.
- By the submission of this report to the insurers, you hereby consent to the archiving of this report of the centre and to copies of the report being made available elsewhere.
- Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

 - My insurer, my employer and the General Insurance Association of Singapore ("GIAS") 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 processed 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' respective firms, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and the necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any requests by me;
 - administering my claims (including the making of correspondence, statements, issues, reports or notes 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 documents that are legal); and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' Insurers/Reinsurers, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - my Personal Information may/has been disclosed by me or the Insurers and/or GIAS to their third party service providers or appointed/authorized insurers/loss adjusters, which may be used outside of Singapore, for one or more of the above Purposes.
 - my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management to prevent and all future claims.
 - the information so collected under (a) above may be shared/disclosed:
 - to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies or authorities required for the purposes stated; or
 - for complying with requirements under any regulations, laws or court orders.



Police Officer's Signature
Date & Time: 21/4/2018



Authorised Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/4/2018



Reporting Officer's Signature
Name: [Signature]
SAC/PA No.: [Signature]