

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 07/06/2022 10:29 (SGT)
Date of Accident 06/06/2022 10:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information VIVOCITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC9250X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Company Reg No 200900882K
Email Address JEREMYC_QUEK@CERTISGROUP.COM
Mobile Phone No (Phone) +65-68428849
Alternative Phone No (Office) +65-68428849

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-22099102MFCV/12
Cover Note Number -

DRIVER

Name of Driver ABDUL HASAN HASSFIRDOUSE
NRIC No S7971378C

Date Of Birth	13/04/1979
Occupation	Outdoor
Date Of Driving Pass	10/01/2001
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92714879
Alt. Phone Number	-
Email Address	JEREMYC_QUEK@CERTISGROUP.COM
Address	BLK 691C WOODLANDS DR 73 #05-45
Address complement	-
Postcode	733691
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	STAFF
Gender	Male

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

REFER TO INCIDENT 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	SNA6460U
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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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.

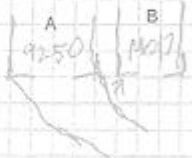

Policyholder's Signature / Date & Time

 06/06/22
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

A - GBC9250X
B - SNA6460U



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Describe Circumstance of the Accident

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

CPL 23909


Den 06/06/22

Witnessed by Reporting Centre Personnel: _____

CERTIS

OPS STORE
INCIDENT REPORT

S/N	
Item / vehicle Description	

Location of Incident	Department	Date of Incident	Time of Incident	Weather Condition
VIVO CITY	SLS STU BAR	06/06/2022	1000HRS	DRY
Person(s) Involved	Particulars of Witness(es)			
HAYS RARDON				
Details of Incident				
(Who, What, When, How, Why and Other Essential Details)				
<p>I was on assignment at vivo city. I parked my vehicle (GBC 9250x) in public lot. As I am moving out from the lot, I could not see clearly if I have cleared away from MOP's ^{SNA 64600} vehicle parked on the left side. Hence as I committed to turn to the left out of the lot, I felt a resistance. I went out from the vehicle to inspect and found that I have scratch the mop's vehicle bumper. I do find that it is difficult to have a clear view from this vehicle side mirror as it is blocked by grill and is small. MOP HP 96585443 Name Khairul</p>				
Reported by :		Signature: 	Date : 06/06/22	Time : 19:00HRS



