

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 Actual 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 07/11/2022 14:56 (SGT)
Reported by Driver
Date of Accident 05/11/2022 18:28 (SGT)
Exact Location of Accident Singapore
Additional Location Information MBS BAYFRONT AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD6373P

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 -

VEHICLE PARTICULARS

Manufacturer Renault
Model Master
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 Commercial vehicle
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D-2209102MFCV/24

DRIVER

Name of Driver KUMARASAMY
Work Permit No G7895890T
Date Of Birth 02/05/1986
Occupation Outdoor

Date Of Driving Pass	18/06/2013
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90056140
Alt. Phone Number	-
Email Address	JEREMYC_QUEK@CERTISGROUP.COM
Address	20 JALAN AFIFI
Address complement	-
Postcode	-
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	STAFF
Gender	Male

PASSENGER 2

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS564Y
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHEE GIM
Contact Number	(Phone) +65-92346214
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 sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

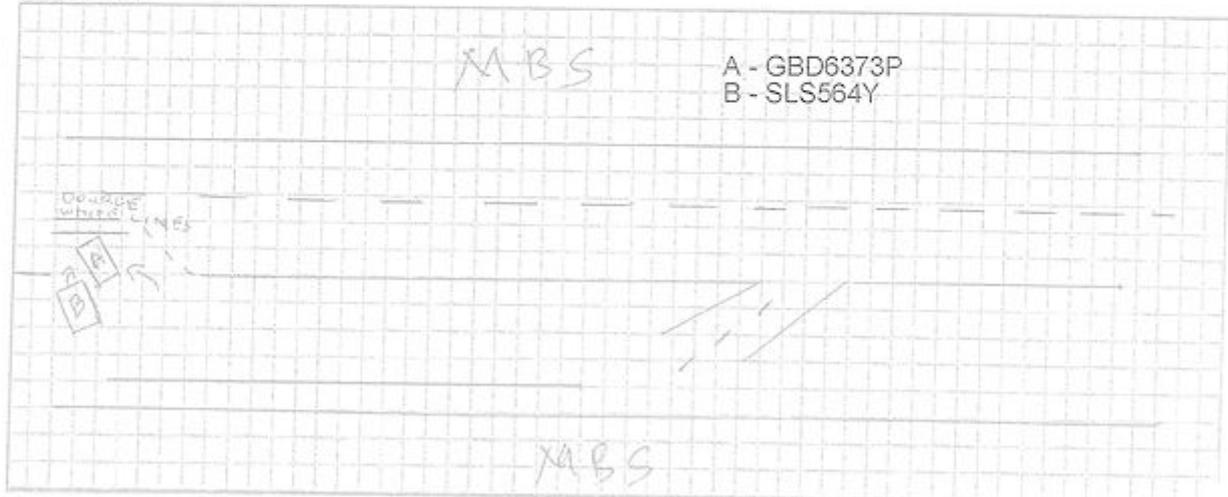
Driver's Signature (if Driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

6/11/22

0010 MAS

Sketch Plan



Describe Circumstance of the Accident

Refer to attached incident report.

Declaration

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



Policyholder's Signature / Date & Time

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

[Handwritten signature]
6/11/22

0010 hrs

Witnessed by Reporting Centre Personnel

CERTIS

**OPS STORE
INCIDENT REPORT**

S/N	
Item / vehicle Description	
GDD 6373 P	

Location of Incident	Department	Date of Incident	Time of Incident	Weather Condition
MBS BAYFRONT AVE	SL\$ / STU / ATM	5/11/22	18:28 HRS	FINE
Person(s) Involved	Particulars of Witness(es)			
LCP 37511	CPL 13802P	CPL 14848P		
Details of Incident				
(Who, What, When, How, Why and Other Essential Details)				
I LCP 37511 KUMARASAMY, WHILST PERFORMING DUTY AS A				
DRIVER OF VEHICLE GDD 6373 P WITH MY TEAM MEMBERS				
ASSIGNED AS SOUTHERN 5 OCBC TEAM. AT ABOUT 18:28 HRS				
I WAS EXITING FROM MBS TO BAYFRONT AVE ROAD AND				
PROCEEDING TO NEXT LOCATION NTUC ALEXANDRA (ADHOC).				
WHEN EXITING FROM THE MBS THERE IS A TRAFFIC				
WARDEN OFFICER WERE DOING HER DUTY BY DOING				
TRAFFIC CONTROLLING AT BAYFRONT AVE RD AND SHE				
STOPPED THE ON GOING VEHICLE FROM MY RIGHT SIDE				
AND LET OUR VEHICLE TO EXIT FROM THE MBS				
BUT UNFORTUNATELY THERE IS A VEHICLE FROM				
Reported by:	KUMARASAMY 37511	Signature:	Date: 5/11/22	Time: 0010 HRS

FROM REAR OF MY VEHICLE AT LEFT TRYING TO
EXIT FROM MBS. WHEN EXITING FROM MBS THERE
IS DOUBLE WHITE LINES AT THE BAYFRONT AVE RD.
I FOLLOW THE SLIP ROAD AND EXIT FROM THE
MBS. THE VEHICLE FROM THE REAR LEFT OF
MY VEHICLE WISHED TO EXIT FROM BEHIND.
AND THE VEHICLE HIT MY REAR LEFT SIDE.
AFTER THE INCIDENTS BOTH PARTIES CHANGE
PARTICULARS. INFORM OPS AND FMV. THASTS ALL







