

## 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 .....	23/12/2022 13:44 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	21/12/2022 01:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KJE EXPRESSWAY (AFTER BRICKLAND EXIT)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD6511H
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Company Reg No .....	2XXXXX882K
Email Address .....	JEREMYCYC_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-22099102MFCV/29

#### DRIVER

Name of Driver .....	MURALI DHARAN KRISHNAN
Work Permit No .....	FXXXX226T
Date Of Birth .....	06/06/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	14/03/2011
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81875511
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 .....	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) .....	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 .....	IIANGGO A/I SANDARAN
Gender .....	Male

#### PASSENGER 2

Name .....	NATHAN A/L BALAKRISHNAN
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 .....	SLX3873J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YIP PENG KEONG
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' law yers/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' law yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

*[Signature]*

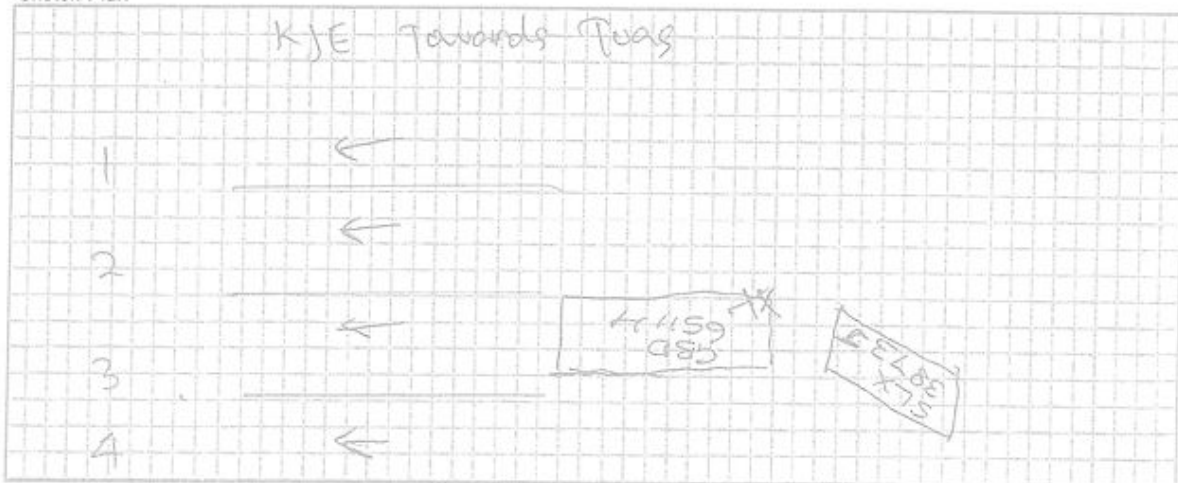
Driver's Signature (if driver is not the policyholder) / Date & Time

22/12/22



Witnessed by Reporting Centre Personnel

Sketch Plan



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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



*MS* 22/12/22  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**CERTIS**

**OPS STORE  
INCIDENT REPORT**

S/N	
Item / vehicle Description	
GRD 6511 H	

Location of Incident	Department	Date of Incident	Time of Incident	Weather Condition
KJE Expressway (after Bricklands Exit)	CSL Stu A/m	22/12/22	0140 am	Good
Person(s) Involved	Particulars of Witness(es)			
76621 45830 36144				
Details of Incident				
(Who, What, When, How, Why and Other Essential Details)				
As mentioned above, while performed FB assigned with team members, vehicle involved in accident with car (SLX 3873) /BMW) at KJE Expressway, after Brickland exit.				
Once heard the sound, I stopped the vehicle at the road shoulder and noticed damages to the vehicle. Then, I took the particular of the car driver and informed to the supervisor about the incident. That's All				
Reported by:	 MURRAY	Signature:		Date 22/12/22 Time: 0750hrs









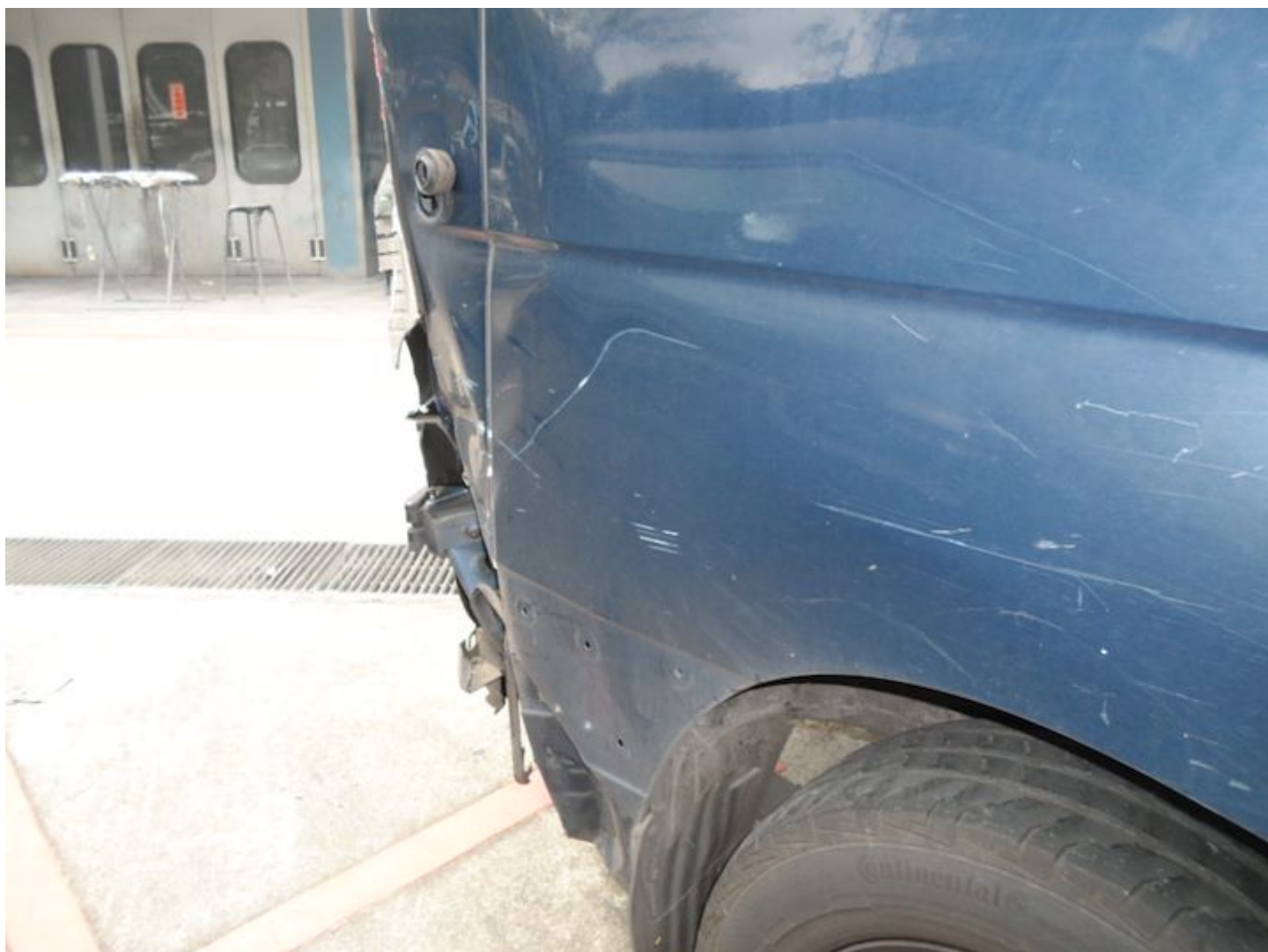




















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1L22CM0001 Vehicle Registration No: GBD6S11H  
Certis CISO Auxiliary Police Force Pte Ltd  
 Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: 2009008F2K  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 20 Jalan Afifi Singapore ( )  
 Contact (Tel): 65428849 Mobile No.: \_\_\_\_\_  
 Email Address: JeremyC.Duck@certisgroup.com  
 Date of Accident: 21/12/2022 Time of Accident: 0140 hrs  
 Place of Accident: KJE Expressway (After Brickland Exit)  
 Insurance Company: MS 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:

To amend accident date to 21/12/2022



Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Nevin Duck  
NRIC/FIN No.: 7960  
Date: 15/04/2023