SA1K249J0004 / Aspectus Consultancy Pte Ltd
ENTRY DATE & TIME: 19/09/2024 09:05 (SGT)
SUBMITTED BY: Flash Reporting
VERSION: 1 (19/09/2024 09:05 (SGT))

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 witholding 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 First Submission	19/09/2024 09:05 (SGT)
Reported by	Actual Driver
Date of Accident	18/09/2024 10:15 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TANJONG KATONG SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6466E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	isaacngcl@gbl.com.sg
Mobile Phone No	(Phone) +65-93913157
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FUSO FM65FM2RDEB
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	Commercial vehicle
Transmission	Manual
CC	7545
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D24102460MFCV

DRIVER

Name of Driver	YEO CHEE GUAN
NRIC No	SXXXX901B
Date Of Birth	04/09/1959
Occupation	Outdoor
Driving Pass Date	31/12/1980
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93913157
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	APT BLK 406 CHOA CHU KANG AVENUE 3 #03-281
Address complement	-
Postcode	680406
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SEVESTRA
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

ON 18/09/2024 AT ABOUT 1015HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER YN6466E ENROUTE FROM AIRPORT TO OFFICE 14 CHIN BEE ROAD FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 4 OF ECP (MCE), THERE WAS A VEHICLE (B) BEARING REGISTRATION NUMBER SLS4969L DRIVING ALONG THE TANJONG KATONG SLIP ROAD MERGING INTO ECP (MCE) DID NOT MANAGE TO MERGE IN TIME AND THE DRIVER DROVE TO THE ROAD SHOULDER / EMERGENCY LANE AND TRIED TO ENTERED INFRONT OF MY VEHICLE. THE FRONT RIGHT DOOR OF VEHICLE (B) HIT ONTO THE FRONT LEFT WHEEL AREA OF MY VEHICLE WHEN VEHICLE (B) TRIED TO ENTER MY LANE. NOBODY WAS INJURED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS4969L
Vehicle Manufacturer	Kia
Vehicle Model	CERATO K3 1.6A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JACK
Contact Number	(Phone) +65-97474422
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.

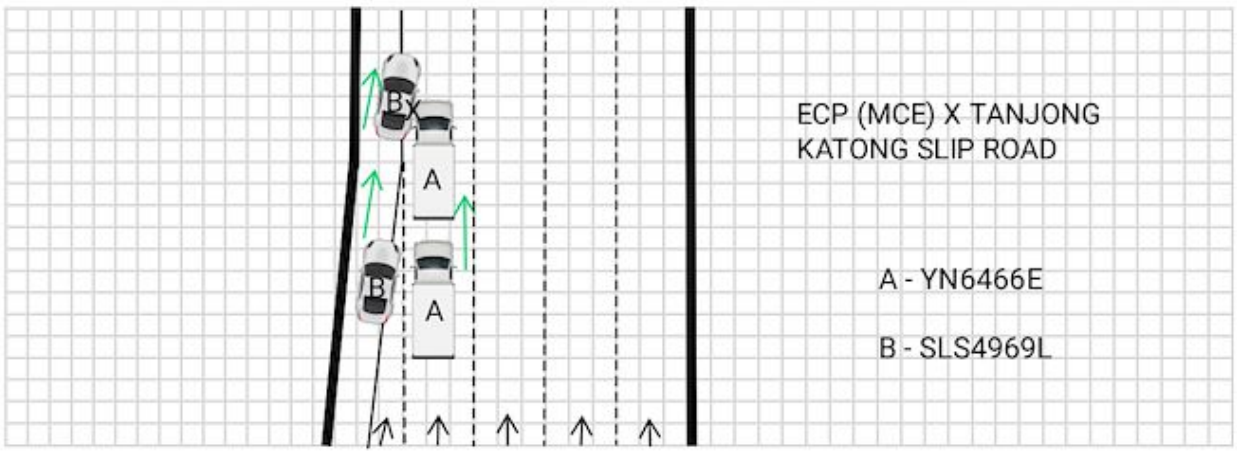
(Collectively the "**Purposes**")

(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
	19/09/2024 0200HRS	

Sketch Plan



Describe Circumstances of the Accident

ON 18/09/2024 AT ABOUT 1015HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER YN6466E ENROUTE FROM AIRPORT TO OFFICE 14 CHIN BEE ROAD FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 4 OF ECP (MCE), THERE WAS A VEHICLE (B) BEARING REGISTRATION NUMBER SLS4969L DRIVING ALONG THE TANJONG KATONG SLIP ROAD MERGING INTO ECP (MCE) DID NOT MANAGE TO MERGE IN TIME AND THE DRIVER DROVE TO THE ROAD SHOULDER / EMERGENCY LANE AND TRIED TO ENTERED INFRONT OF MY VEHICLE. THE FRONT RIGHT DOOR OF VEHICLE (B) HIT ONTO THE FRONT LEFT WHEEL AREA OF MY VEHICLE WHEN VEHICLE (B) TRIED TO ENTER MY LANE. NOBODY WAS INJURED.

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	Witnessed by Reporting Centre Personnel
	19/09/2024 0200HRS	

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12