

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 First Submission	24/09/2024 12:18 (SGT)
Reported by	Actual Driver
Date of Accident	23/09/2024 06:00 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ3577Y
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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) +65-81724579
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	FM65FM6RDEA
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	Diesel
First Registration Date	-
Chassis no	FM65FMA40060
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	BALJIT SINGH
Passport No/FIN	GXXXX906T
Date Of Birth	01/05/1984
Occupation	Outdoor
Driving Pass Date	23/01/2017
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81724579
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 614 WOODLANDS AVE 4 #11-491
Address complement	-
Postcode	730614
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 - 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)	1
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	-

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 230924 AT AROUND 06:00 HRS, I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (YQ3577Y) ALONG TUAS RD. I WAS EN-ROUTE FROM WOODLANDS HEADED TOWARDS TUAS FOR WORK PURPOSES. SUDDENLY, THERE WAS AN IMPACT FROM THE REAR RIGHT OF VEHICLE (A). VEHICLE (B) BEARING REGISTRATION NUMBER (PA6565C) COLLIDED FRONTAL LEFT TO REAR RIGHT OF VEHICLE (A). DAMAGES WERE FOUND ON THE REAR RIGHT OF VEHICLE (A). NO INJURIES WERE SUSTAINED AT THE TIME OF ACCIDENT.

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	PA6565C
Vehicle Manufacturer	Scania
Vehicle Model	KIB4X2
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	CHANG CHEE KEONG
NRIC No	SXXXX957E
Contact Number	(Phone) +65-91142396
Address	BLK 869A TAMPINES AVENUE 8 #15-502
Address complement	-
Postcode	521869
Insurance Company Name	-
Nature Of Damage	FRONTAL LEFT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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 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.

Balsit Singh



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

23/09/2024 - 1750 HRS

A - YQ3577Y

B - PA6565C

TUAS RD (AYE)



Describe Circumstances of the Accident

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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