

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	07/10/2024 22:48 (SGT)
Reported by	Actual Driver
Date of Accident	07/10/2024 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS AVE 9, JUNCTION WOODLANDS AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7525G
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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) +65-64942888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D23100958

DRIVER

Name of Driver	MANI MARAN S/O VASANTHA KUMARAN
NRIC No	SXXXX107A
Date Of Birth	23/09/1977
Occupation	Indoor
Driving Pass Date	20/10/2005
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS
Gender	Male
Mobile Number	(Phone) +65-91157964
Alt. Phone Number	-
Email Address	IsaacNgCL@gbl.com.sg
Address	N/A
Address complement	-
Postcode	-
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 THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME LANE , WANTED TO TURN RIGHT. I MADE A STOP BEHIND ONE VEHICLE. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS RAD TO ME AND I ACKNOWLEDGED IT

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	SMV6556D
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Private car
Name of Driver	MOHAMMAD NAZRI BIN ASNAWI
Contact Number	(Phone) +65-87798536
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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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.

Witnessed By Reporting Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

REFER TO ATTACHED ACCIDENT DIAGRAM

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

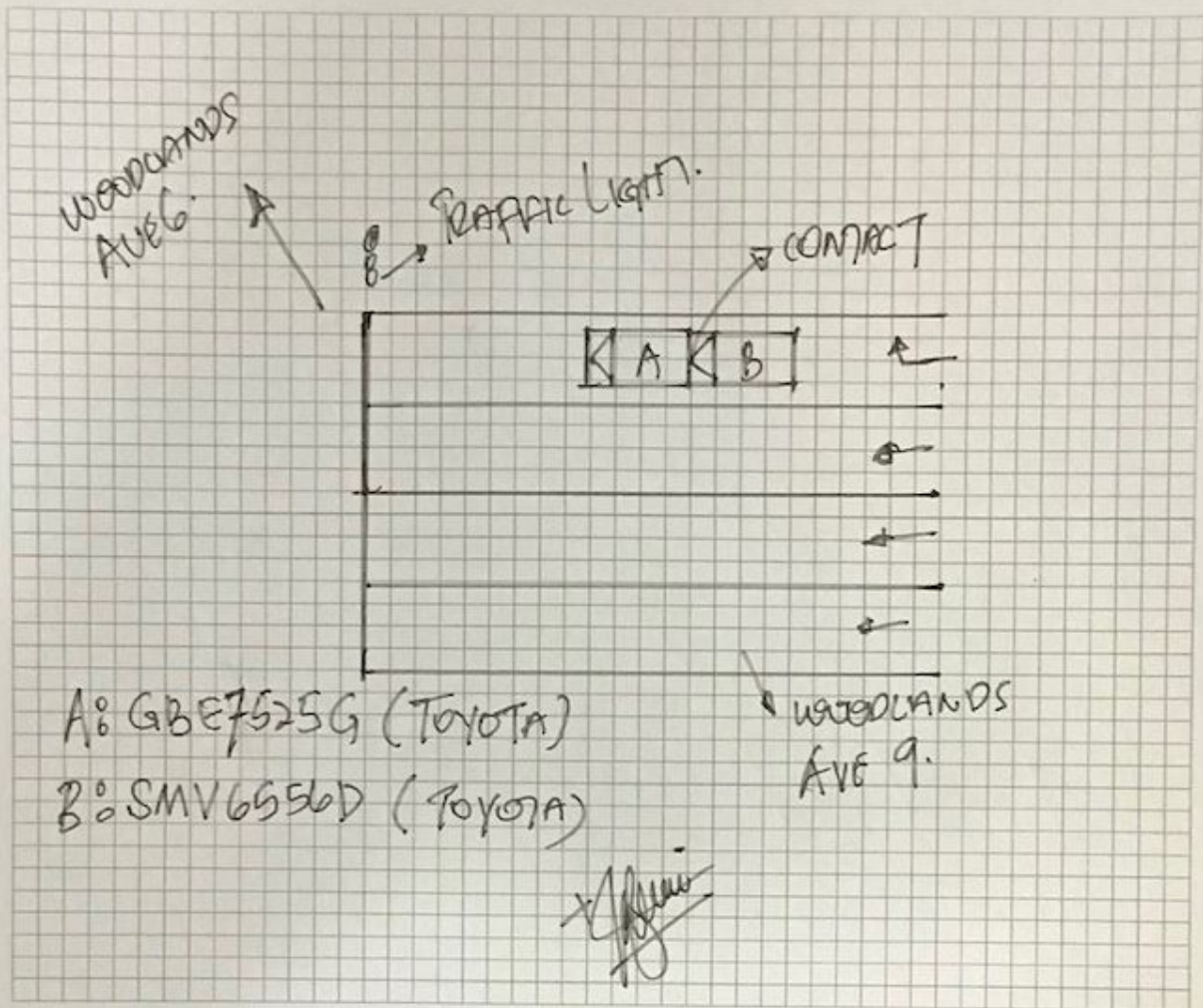
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. 30042021



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:













