

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 11/07/2024 16:06 (SGT)
Reported by Actual Driver
Date of Accident 11/07/2024 09:30 (SGT)
Exact Location of Accident Rochor Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP2286Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Company Reg No 1XXXXX196N
Email Address
Mobile Phone No
Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant FEB71ER4SDEC (CBU)
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 2998

INSURANCE COMPANY

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

DRIVER

Name of Driver MOHAMMAD JASMIN BIN MOHD JIWA
NRIC No
Date Of Birth
Occupation Outdoor

Driving Pass Date	11/03/2015
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	-
Alt. Phone Number	-
Email Address	-
Address	-
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 - 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)	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 11/07/24 AT ABOUT 0930 HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (YP2286Z) ALONG ROCHOR ROAD ENROUTE FROM MARSILING TOWARDS BEATTY ROAD FOR WORK PURPOSES. AS I WAS I DRIVING IN THE THIRD LANE, VEHICLE B (SMB1518C) FROM THE SECOND LANE CHANGES INTO MY LANE. AS VEHICLE B CHANGES LANE, THE LEFT REAR GRAZED AGAINST THE RIGHT FRONT OF MY VEHICLE. NO ONE WAS INJURED DURING THE 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	SMB1518C
Vehicle Manufacturer	Man
Vehicle Model	NL 320F (A22) 11L AUTO ABS TURBO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	SONG CHENGUI
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' 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

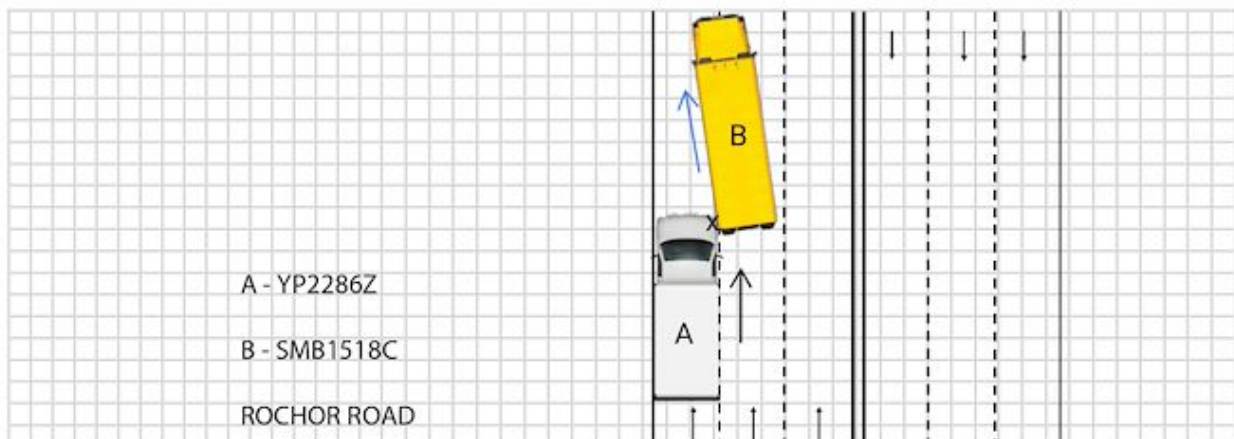
Sketch Plan

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

11-07-24/13:15 HRS



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 11/07/24 AT ABOUT 0930 HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (YP2286Z) ALONG ROCHOR ROAD ENROUTE FROM MARSILING TOWARDS BEATTY ROAD FOR WORK PURPOSES. AS I WAS I DRIVING IN THE THIRD LANE, VEHICLE B (SMB1518C) FROM THE SECOND LANE CHANGES INTO MY LANE. AS VEHICLE B CHANGES LANE, THE LEFT REAR GRAZED AGAINST THE RIGHT FRONT OF MY VEHICLE. NO ONE WAS INJURED DURING THE ACCIDENT

Declaration

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

11-07-24/13:15 HRS

Witnessed by Reporting Centre Personnel



















