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 10/06/2024 08:55 (SGT) Reported by Actual Driver Date of Accident 08/06/2024 20:40 (SGT) Exact Location of Accident Marina Blvd, Singapore Additional Location Information TOWARDS BAYFRONT AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF1841C 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

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Fiat Model Doblo Variant Exact purpose for which vehicle was being used at time of

Employment accident

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 1598

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number 400002252

DRIVER

Name of Driver RAHMAN ANISUR Passport No/FIN GXXXX644W Date Of Birth Occupation Outdoor

Driving Pass Date Driving experience	23/05/2022 2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	<i>-</i> -
Alt. Phone Number	· -
Email Address	
Address	
Address complement	_
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer
	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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 08/06/2024 AT ABOUT 2040HRS WHILE I WAS I GBF1841C ON THE WAY BACK HOME WHILE TRAVELLING AI	LONG MARINA BOULEVARD X BAYFRONT AVE AFTER THE
	LE B BEARING REGISTRATION NUMBER OF SHC4806E WHICH
WAS TRAVELLING FROM LANE 2 MADE A LANE CHANGE FR	
	ING REGISTRATION NUMBER(UNKNOWN)CAUSING DAMAGES NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE
TO THIS INCIDENT.	NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1

SHC4806E Toyota

Prius

CACcident report SA1K246A0003

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant Vehicle Colour	- -
Vehicle Category	Taxi
Name of Driver	TAN KIM LENG
NRIC No	SXXXX031H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	=
Nature Of Damage	=
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	=
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	KOH CHEN YONG
NRIC No	SXXXX461Z
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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- 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.
- 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)

Lunderstand, 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.
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (v) 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.

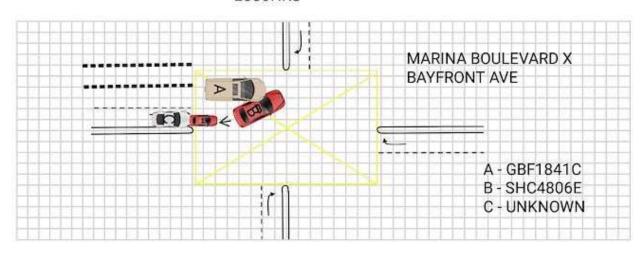


Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 19279.00

Witnessed by Reporting Centre Personnel

Sketch Plan

0862024 2330HRS



Describe Circumstances of the Accident

ON THE DATE 08/06/2024 AT ABOUT 2040HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER GBF1841C ON THE WAY BACK HOME WHILE TRAVELLING ALONG MARINA BOULEVARD X BAYFRONT AVE AFTER THE TRAFFIC LIGHT JUNCTION FROM LANE 3 SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER OF SHC4806E WHICH WAS TRAVELLING FROM LANE 2 MADE A LANE CHANGE FROM LANE 2 TO LANE 3 AND COLLIDED TO VEHICLE A AND REVERSED VEHICLE B AND COLLIDED TO VEHICLE C BEARING REGISTRATION NUMBER(UNKNOWN)CAUSING DAMAGES TO ALL THREE VEHICLES INVOLVED IN THIS INCIDENT AND NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.



12/250

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 0862024

2330HRS

Witnessed by Reporting Centre Personnel













