

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	30/07/2024 09:03 (SGT)
Reported by	Actual Driver
Date of Accident	29/07/2024 18:30 (SGT)
Exact Location of Accident	Lornie Rd, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7502X
-----------------------------------	----------

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) +65-96176847
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEA01BR2SDEK (CBU)
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	2998

INSURANCE COMPANY

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

DRIVER

Name of Driver	TAN KIM HUA
NRIC No	SXXXX301E
Date Of Birth	04/01/1974
Occupation	Outdoor

Driving Pass Date	05/01/1996
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96176847
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	914 JURONG WEST STREET 91 #02-216
Address complement	-
Postcode	640914
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	UNKNOWN
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 29 JULY 2024 AT ABOUT 1830HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER GBJ7502X ALONG LORNIE TOWARDS PIE FOR PERSONAL PURPOSE, WHILE DRIVING SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SDA20P COLLIDED ONTO REAR PORTION OF VEHICLE A. DAX AND PASSENGERS INJURED AT LIPS, SHOULDER AND BOTH GET 3 DAYS MC

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	SDA20P
-----------------------------------	--------

Vehicle Manufacturer	Nissan
Vehicle Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM
Contact Number	(Phone) +65-98182673
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KIM HUA
Gender	Male
Phone No	(Phone) +65-96176847
Address	914 JURONG WEST STREET 91 #02-216
Address Complement	-
Post Code	640914
Approximate Age Years Old	-
Injuries Sustained	INJURED AT LIPS, SHOULDER AND BOTH GET 3 DAYS MC
Injured person in which vehicle?	GBJ7502X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURED AT LIPS, SHOULDER AND BOTH GET 3 DAYS MC
Injured person in which vehicle?	GBJ7502X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

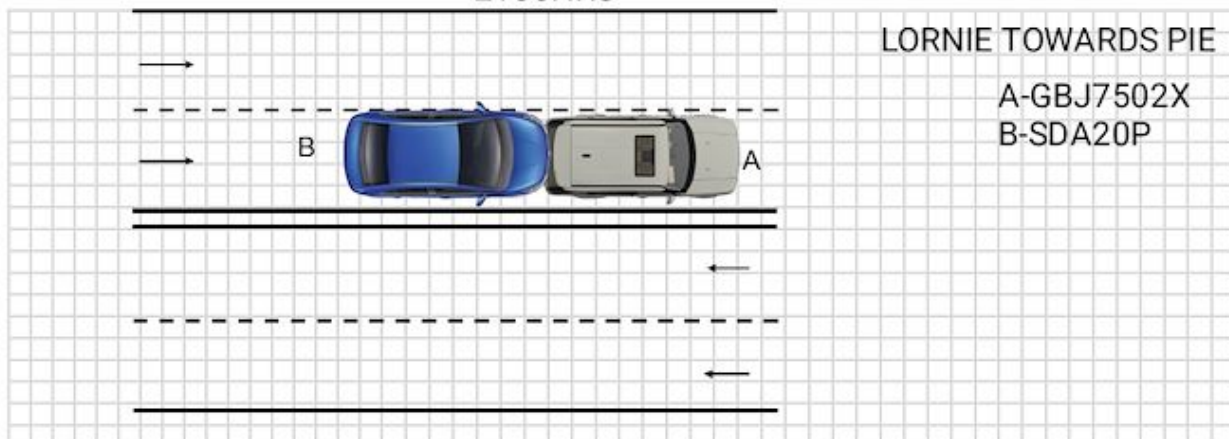
Sketch Plan

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

29 JULY 2024
2100HRS

Witnessed by Reporting Centre Personnel

ARAVINDAN
Accident Reporting Centre



Describe Circumstances of the Accident

ON 29 JULY 2024 AT ABOUT 1830HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER GBJ7502X ALONG LORNIE TOWARDS PIE FOR PERSONAL PURPOSE, WHILE DRIVING SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SDA20P COLLIDED ONTO REAR PORTION OF VEHICLE A. DAX AND PASSENGERS INJURED AT LIPS, SHOULDER AND BOTH GET 3 DAYS MC

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

29 JULY 2024
2100HRS

Witnessed by Reporting Centre Personnel















