

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 Authorised 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 ability.
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 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 Report | 11/03/2017 00:19 |
| Date Of Accident | 09/03/2017 07:30 |
| Exact Location Of Accident | ALONG AYE TOWARDS CITY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GZ8470D |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL LEASING PTE LTD |
| Co Reg No | 199001196N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | Office-64942833 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | MITSUBISHI |
| Model | L300 HR M-2.5 D (M) |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | No |
| If No, Please state action to be taken | Third Party |
| Vehicle Category | Commercial Vehicle |

Insurance Company

| | |
|---------------------------|-----------------------------|
| Name of Insurance Company | First Capital Insurance Ltd |
| Type Of Coverage | Third Party |
| Fleet Policy | Yes |
| Policy Number | D-16085361MFCV |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | MOHAMAD RASHID BIN SAIMI |
| NRIC No | S1830332I |
| Date Of Birth | 06/11/1967 |
| Occupation | Outdoor |
| Date Of Driving Pass | 04/06/2010 |
| Driving Experience | 6 Years And 9 Months |
| Gender | Male |
| Mobile Number | (Local) +65-96902657 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 418 CLEMENTI AVE 1 #07-245 |
| Postcode | 120418 |
| Was driver an employee of the Insured's Company | No |
| If No, Relationship of the Driver with the Insured | Other - LESSEE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

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 this accident? | No |
| Was any body injured in the Accident? | No |
| Was any other material or property damaged? | Yes |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | No |
| Number of Passengers (Including Driver) | 4 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | No |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | No |
| If Yes, against whom? | |

Circumstances of Accident

ON MENTIONED DATE/TIME, I WAS TRAVELLING ON THE MIDDLE LANE ALONG AYE TOWARDS KALLANG BAHRU DIRECTION. SUDDENLY I FELT AN IMPACT ON MY REAR RIGHT PORTION. I ALIGHTED FROM MY VEHICLE TO CHECK. I REALIZED THAT VEHICLE B HAD COLLIDED INTO MY VEHICLE WHILE FILTERING FROM THE RIGHT. MY VEHICLE SUSTAINED DAMAGES ON THE REAR RIGHT PORTION. NO ONE WAS INJURED.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------------------|
| Vehicle Registration Number | SHB3309K |
| Vehicle Make/Model/Colour | HYUNDAI / SONATA / YELLOW |
| Details Of Properties | VEH B |
| Name of Driver | CHAN KOK CHIEW |
| NRIC/Passport Number | S1451445G |
| Contact Number | 96880102 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRONT LEFT SIDE PORTION |
| No. Of Passenger (Including Driver) | 2 |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

Sketch Plan

SKETCH PLAN

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 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.
 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 firms/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/postal 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 firms/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including law firms/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

Witnessed by
Personnel



Sketch Plan

Sketch Plan diagram showing a road layout with a bus stop, a car (A), and a car (B). The road is labeled "A/E towards City".

Handwritten notes:

- (A) G3 8470D
- (B) 31B 3309K

Sketch Plan #2

Describe Circumstances of the Accident

On mentioned date/time, I was travelling on the middle lane along AYE towards Kallang Bahru direction. Suddenly I felt an impact on my rear right portion. I alighted from my vehicle to check. I realized that vehicle B had collided into my vehicle while filtering from the right. My vehicle sustained damages on the rear right portion. No one was injured.

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



Witnessed by Reporting Centre Personnel