

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	13/05/2017 18:23
Date Of Accident	12/05/2017 11:00
Exact Location Of Accident	SOMEWHERE IN AIRPORT CARGO COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY8117E
Insured/Policyholder	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	ISAACNGCL@GOLDBELLCORP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64942897

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB511BOJSRDE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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-16083837MFCV
Cover Note Number	

Driver

Name of Driver	LE MOA ADRIAN CLOVIS ROGER (REPRESENTATIVE)
NRIC No	G3354349U
Date Of Birth	14/08/1993
Occupation	INDOOR
Date Of Driving Pass	17/08/2011
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88761901
Fax Number	
Contact Number	
E Mail Address	ADRIAN@CLAIRATLANTIC.COM

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident UNKNOWN - REVERSED - REAR TO FRONT (TP HIT INSURED)
 Weather Conditions RAINING
 Road Surface WET

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) 1

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

Vehicle was stopped along the said location, vehicle b ahead reversed and hit onto the front portion of my vehicle.

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 YN8708U
 Vehicle Make/Model/Colour HINO/FD7JPMA-HAS/WHITE
 Details Of Properties
 Name of Driver MUHAMAD AMIR BIN SALLEH
 NRIC/Passport Number S9143537C
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

Details of Witness

Name
 Phone Number
 Email Address

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 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' 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.

on behalf



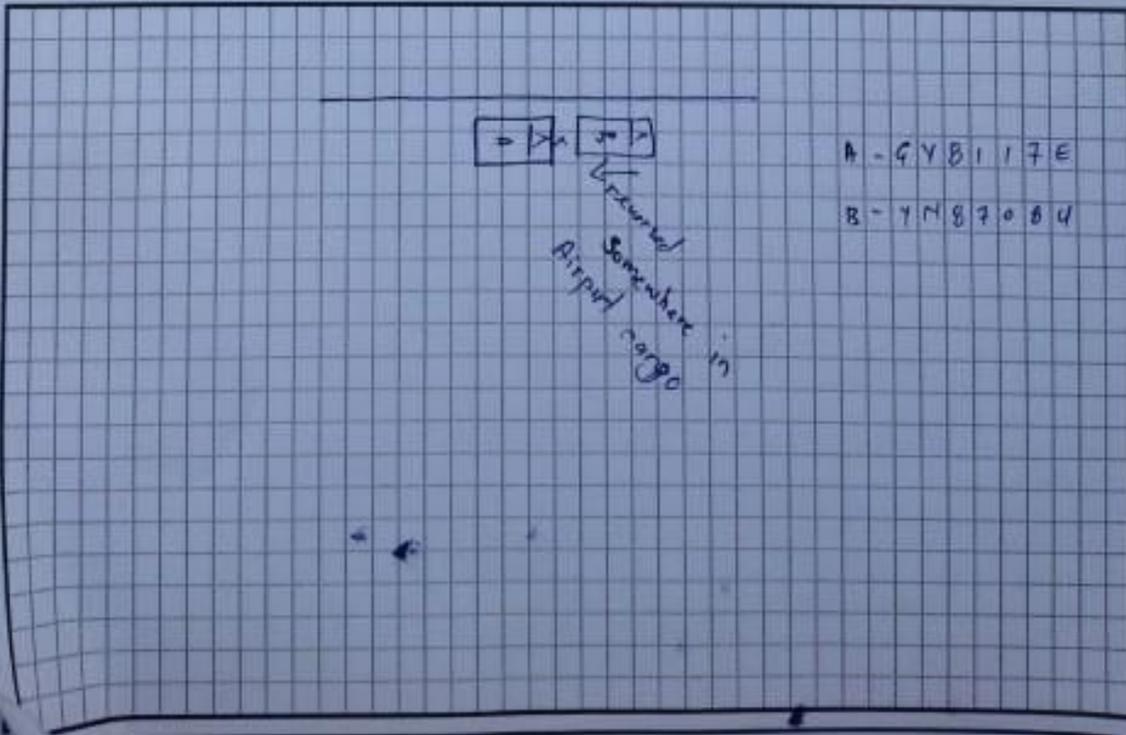
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMAD HELMY BIN
ALEHAM

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

Vehicle was stopped along the said location, vehicle b ahead reversed and hit onto the front portion of my vehicle

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Reporting only

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMAD HELMY BIN ALEHAM

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



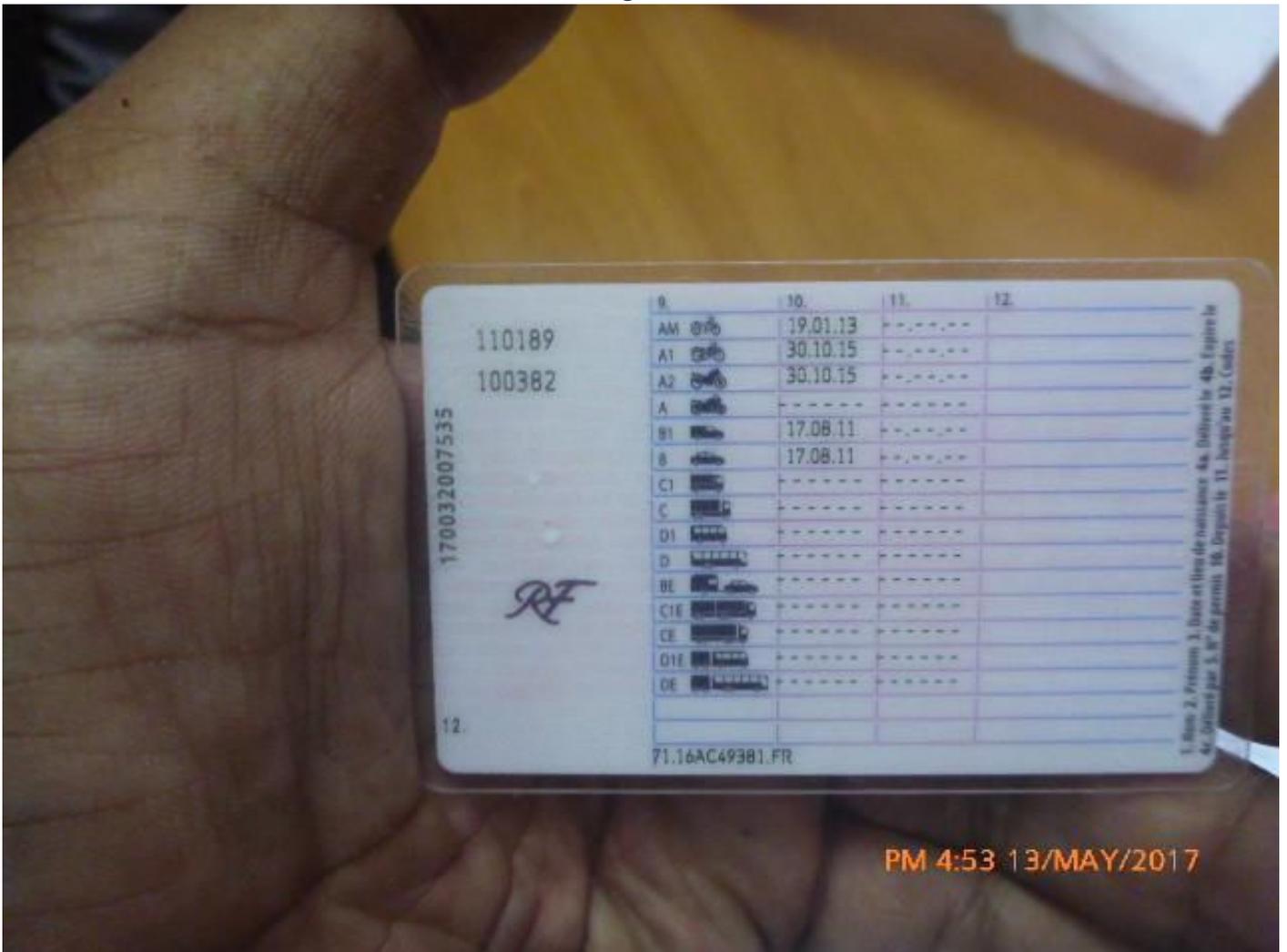
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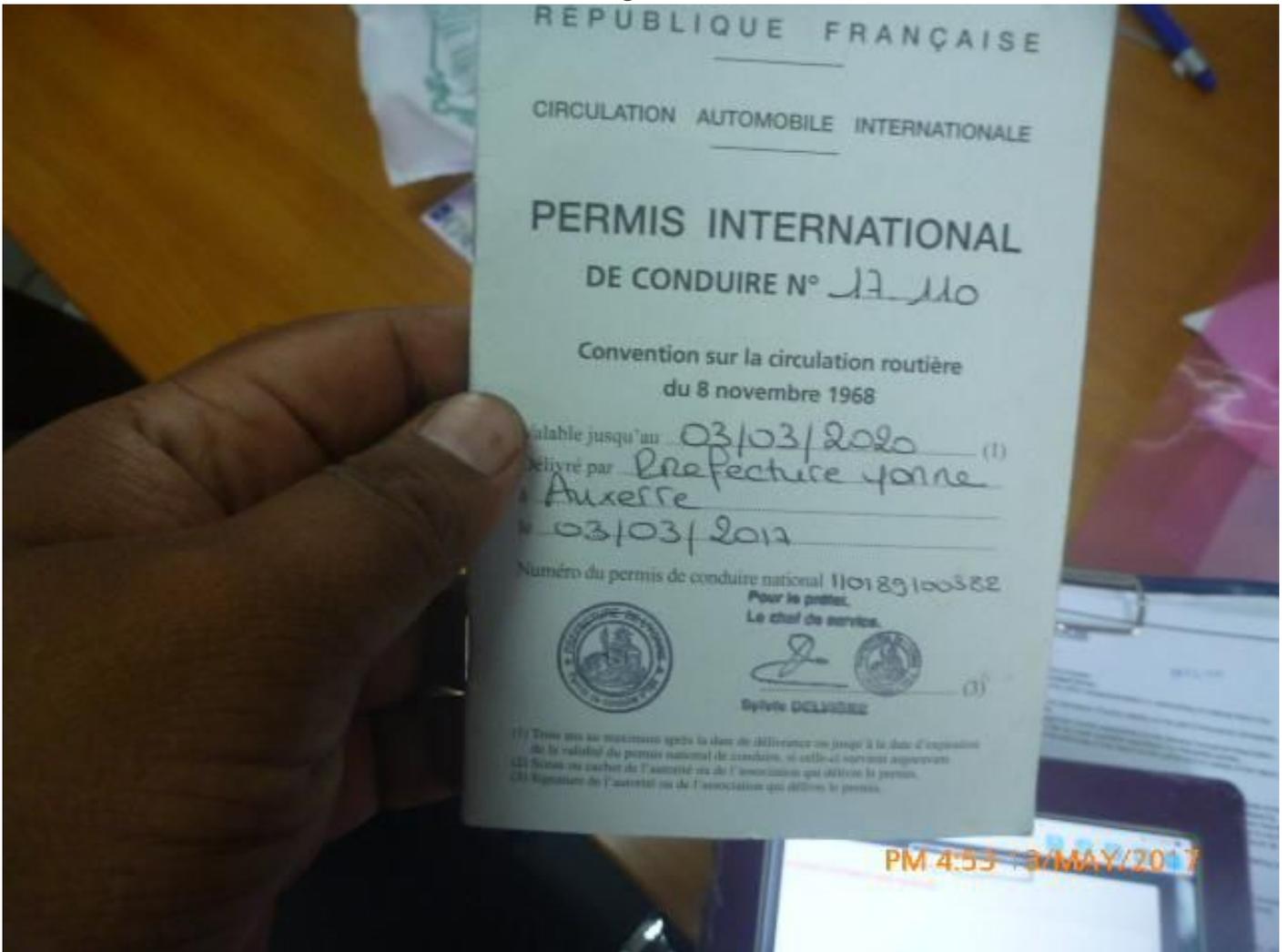
Driving License



Driving License



Driving License



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
138 Robinson Road #07-09
The Corporate Office
Singapore 068906
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm**

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No : MBHH17062860 Vehicle Registration No : GY8117E

Name(as shown in NRIC) : LE MOA ADRIAN CLOVIS ROGER (REPRESENTATIVE)

(*Vehicle Driver/Vehicle Owner) (*)Please delete as appropriate

NRIC/Passport No : _____

Address : _____

Contact (Tel) : _____ (H/P) : 88761901

(EMail) : _____

Date Of Accident : 12/05/2017 Time Of Accident : 11:00HRS

Place Of Accident : SOMEWHERE IN AIRPORT CARGO COMPLEX

Insurance Company : FIRST CAPITAL INSURANCE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:-

Amend third party claims

Type Of Accident- Reversed-Front to Rear (TP hit Insured)

Meilin Chai (E-Filer)

SIGNATURE OF VEHICLE OWNER/DRIVER
DATE:16 May 2017