

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 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	03/03/2018 15:07
Date Of Accident	02/03/2018 21:15
Exact Location Of Accident	ALONG PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5375A
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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	FIAT
Model	DOBLO CARGO MAXI-1.6 D MTJ AMT GLAZE (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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29004183
Cover Note Number	

Driver

Name of Driver	MOHAMED YUSUF S/O ABDUL JABBAR
NRIC No	S7098069Z
Date Of Birth	08/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1997
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82001899
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 266 TAMPINES ST 21 #04-12
Postcode	520266
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180303/2004 :- ON 2ND MARCH 2018 AT ABOUT 2115HRS, I WAS DRIVING ALONG PAN ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT (5.7KM). THE WEATHER WAS CLEAR AND THE ROAD WAS DRY. THE TRAFFIC WAS MODERATE. I WAS DRIVING ALONG 2ND LANE FROM THE LEFT. SUDDENLY, THE CAR IN FRONT OF ME BEARING REGISTRATION PLATE NUMBER SGW9231L (V1) JAMMED BRAKE. AS SUCH, I ALSO DID SO. I MANAGED TO PUT MY VEHICLE TO A STOP TO AVOID COLLISION WITH THE FRONT CAR. HOWEVER, A TAXI BEHIND ME BEARING REGISTRATION PLATE NUMBER SHD9944B COLLIDED ONTO MY REAR. AS SUCH, ALL OF US WENT OUT TO EXCHANGE OUR PARTICULARS. APPARENTLY THERE WAS ANOTHER VEHICLE IN FRONT OF V1 BEARING REGISTRATION PLATE NUMBER SJS2056H (V2). V2 INFORMED THAT HE JAMMED BRAKE AS THE CAR IN FRONT OF HIM ALSO JAMMED BRAKE. THE CAR ON FRONT OF ME, V1 WHO HAD A PASSENGER COMPLAINED OF DISCOMFORT AND CALLED FOR AMBULANCE (QX959G). THE MEDIC MADE A CHECK ON THEM AND SUBSEQUENTLY CONVEYED BOTH OF THEM TO HOSPITAL. AETOS CAME TO MANAGE THE TRAFFIC AT THE INCIDENT LOCATION. POLICE ALSO CAME TO SCENE REFERENCE INCIDENT NUMBER (G/20180302/0177). I DID NOT SUSTAIN ANY INJURIES. THE FRONT BUMPER, FRONT BONNET, REAR BUMPER AND THE REAR DOORS OF MY VAN WAS DAMAGED. THE TAXI FRONT PART WAS SERIOUSLY DAMAGED. ALL OUR VEHICLE HAD DAMAGES EXCEPT FOR V2. I DO NOT HAVE ANY FOOTAGES OF THE ACCIDENT.

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	SHD9944B
Vehicle Make/Model/Colour	RENAULT / RED

Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	LIM KOK LENG
NRIC/Passport Number	S6830379F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGW9231L
Vehicle Make/Model/Colour	TOYOTA / WHITE
Details Of Properties	VEH C
Vehicle Category	PRIVATE CAR
Name of Driver	JUSTIN
NRIC/Passport Number	S9920771Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR PORTION
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJS2056H
Vehicle Make/Model/Colour	TOYOTA / VIOS / WHITE
Details Of Properties	VEH D
Vehicle Category	PRIVATE CAR
Name of Driver	JAGGER YAN JIE
NRIC/Passport Number	S9435703I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGW9231L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

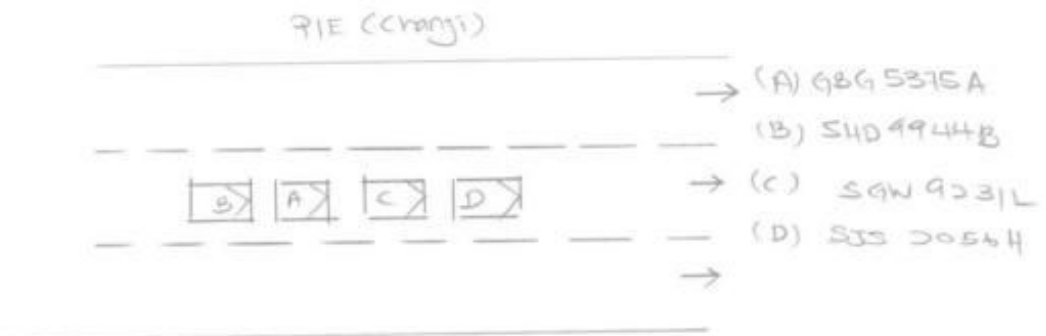
GB4 5375



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20180303/2004

DECLARATION

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



Policyholder's Signature
 Date & Time:

[Signature]

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



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180303/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20180303/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2018 00:40		Vide Report No.: G/20180302/0177		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: MOHAMED YUSUF S/O ABDUL JABBAR			Address: APT BLK 266 TAMPINES STREET 21 #04-12 SINGAPORE 520266		
ID Type / ID No.: NRIC NO / S7098069Z			Contact No.: Home/Office: Mobile: 82001899		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 08/11/1970	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2018 21:15	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY Pan Island Expressway towards Changi Airport (5.7km) Lamp Post Number: 246				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain Collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5375A	Van	FIAT	Doblo	White	Seriously Damaged	0
SGW9231L	Car	TOYOTA	Axio	White	Seriously Damaged	1
SHD9944B	Taxi	RENAULT	Latitude	Red	Seriously Damaged	0
SJS2056H	Car	TOYOTA	Vios	White	No Damage	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180303/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20180303/2004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED YUSUF S/O ABDUL JABBAR	ID No.	S7098069Z
Related Vehicle	GBG5375A (Van)	Contact No.	82001899
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Justin	ID No.	S9920771Z
Related Vehicle	SGW9231L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Lim Kok Leng	ID No.	S6830379F
Related Vehicle	SHD9944B (Taxi)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

SIGNATURE

Police Report



**SINGAPORE
POLICE FORCE**



T/20180303/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469678
Tel No: 1800-2449999

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Report No. T/20180303/2004

CONTINUATION OF REPORT

Driver			
Name	Jagger Yan Jie	ID No.	S9435703J
Related Vehicle	SJS2056H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 2nd March 2018 at about 2118hrs, I was driving along Pan Island Expressway towards Changi Airport (5.7km). The weather was clear and the road was dry. The traffic was moderate. I was driving along 2nd lane from the left. Suddenly, the car in front of me bearing registration plate number SGW9231L (V1) jammed brake. As such, I also did so. I managed to put my vehicle to a stop to avoid collision with the front car. However, a taxi behind me bearing registration plate number SHD9944B collided onto my rear. As such, all of us went out to exchange our particulars. Apparently there was another vehicle in front of V1 bearing registration plate number SJS2056H (V2). V2 informed that he jammed brake as the car in front of him also jammed brake.

The car in front of me, V1 who had a passenger complained of discomfort and called for ambulance (QX959G). The medic made a check on them and subsequently conveyed both of them to hospital. Aetos came to manage the traffic at the incident location. Police also came to scene reference incident number (G/20180302/0177). I did not sustain any injuries.

The front bumper, front bonnet, rear bumper and the rear doors of my van was damaged. The taxi front part was seriously damaged. All our vehicle had damages except for V2. I do not have any footages of the accident.

Police Report



SINGAPORE
POLICE FORCE



T/20180303/2004

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20180303/2004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 AHMAD BIN HASHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp NORHIDAWATI BINTE AHMAD

Contact No.: 65476310

Signature Of Informant:

Date/Time:

03/03/2018 00:40

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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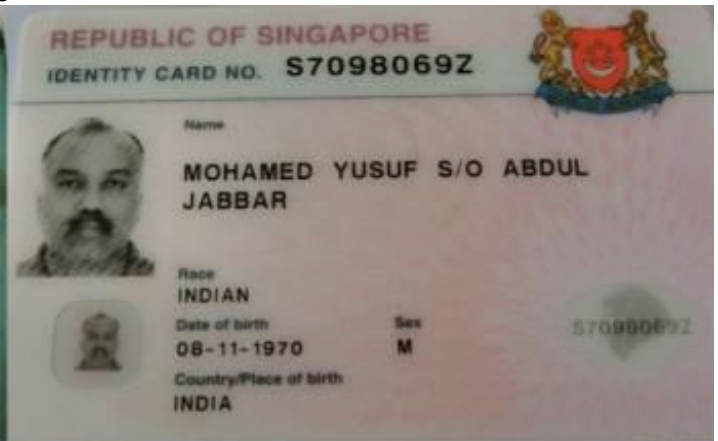
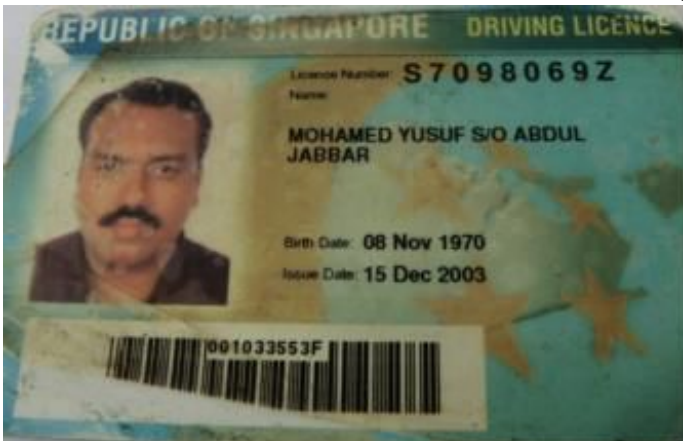
Accident Photo



Accident Photo



Driving License



CLASS 3 ~ 13 NOV 1997