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 witholding 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	09/04/2018 10:23
Date Of Accident	07/04/2018 13:25
Exact Location Of Accident	ALONG SEGAR ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE3465Y
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	ТОУОТА
Model	DYNA 150-3.0 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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29004183
Cover Note Number	
Driver	
Name of Driver	TAN HAN RONG, JONATHAN

NRIC No S9622785Z Date Of Birth 27/06/1996 Occupation **OUTDOOR Date Of Driving Pass** 03/11/2017

Driving Experience 0 YEAR AND 5 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90687119

Fax Number Contact Number

EMail Address NOEMAIL Address 18 TUAS AVE 10 LEVEL 6

Postcode 639142

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

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Insurance Company of Driver's Own Vehicle

-

3

General Information of the Accident

Type Of Accident SIDE SWIPE
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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NOT APPLICABLE

GENDER: : MALE

Passenger 2 NAME: : NOT APPLICABLE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

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 ALONG SEGAR ROAD TOWARDS WOODLANDS DIRECTION. IT WAS A ONE LANE-TWO DIRECTIONAL TRAFFIC. I CHECKED THAT TRAFFIC AT THE OPPOSITE DIRECTION WAS CLEAR AND INTENDED TO MAKE A RIGHT TURN. I STOPPED MY VEHICLE AND LIT UP MY SIGNAL LIGHT. I WAS ABOUT TO TURN WHEN I HEARD A HORN. I THEN FELT AN IMPACT FROM MY RIGHT AND SAW VEHICLE B RUSHING THROUGH AT A FAST SPEED. VEHICLE B THEN MADE A U-TURN AND STOPPED BEHIND MY VEHICLE. MY VEHICLE'S FRONT BUMPER (RIGHT PORTION) WAS SLIGHTLY DAMAGED. VEHICLE B SUSTAINED DAMAGES ABOVE THE LEFT REAR WHEEL PORTION.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA5974G

Vehicle Make/Model/Colour

Details Of Properties VEH B
Vehicle Category TAXI

Name of Driver PHANG CHWEE SIA

NRIC/Passport Number S1432888B

Contact Number 90290166

Address Postcode

Insurance Company Name

Nature Of Damage LEFT SIDE BODY

No. Of Passenger (Including Driver) 1

Sketch Plan

SKETCH PLAN

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- 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 t
 - (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")
- 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
- 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.

ASIN

Policyholder's Signature Date & Time:

Driver's Signature

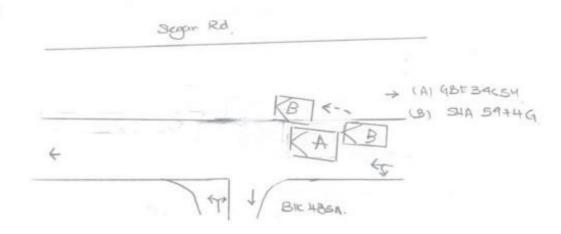
(If driver is not the policyholder)

Date & Time: 18F-34654

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON MENTIONED DATE/TIME, I WAS TRAVELLING ALONG SEGAR ROAD
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DIRECTIONAL TRAFFIC. I CHECKED THAT TRAFFIC AT THE OPPOSITE
DIRECTION WAS CLEAR AND INTENDED TO MAKE A RIGHT TURN. I
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FRONT BUMPER (RIGHT PORTION) WAS SLIGHTLY DAMAGED. VEHICLE B
SUSTAINED DAMAGES ABOVE THE LEFT REAR WHEEL PORTION.

DECLARATION

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

Policyholder's Signature Date & Time: Ah

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



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



















