

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	11/04/2018 16:34
Date Of Accident	09/04/2018 17:20
Exact Location Of Accident	SLIP RD FROM SIMEI TOWARDS PIE/CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3662K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942897

Vehicle Particulars

Manufacturer	FIAT
Model	FIORINO 1.3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	

Driver

Name of Driver	MOHAMAD HAZIQ BIN HAMZAH
NRIC No	S9237875F
Date Of Birth	12/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83326732
Fax Number	
Contact Number	
EMail Address	MOHDHAZIQHAMZAH@GMAIL.COM

Address	NIL
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	COLLISION - HEAD TO REAR
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?	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

I was travelling from SIMEI entering the slip rd towards PIE/Changi , I stop my vehicle to give way to a pedestrian crossing at the zebra crossing when suddenly I felt an impact on the rear of my GBB3662K. No injuries involved.

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	SLD8406Y
Vehicle Make/Model/Colour	HONDA/VEZEL 1.5X/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADRIAN
NRIC/Passport Number	
Contact Number	88127127
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

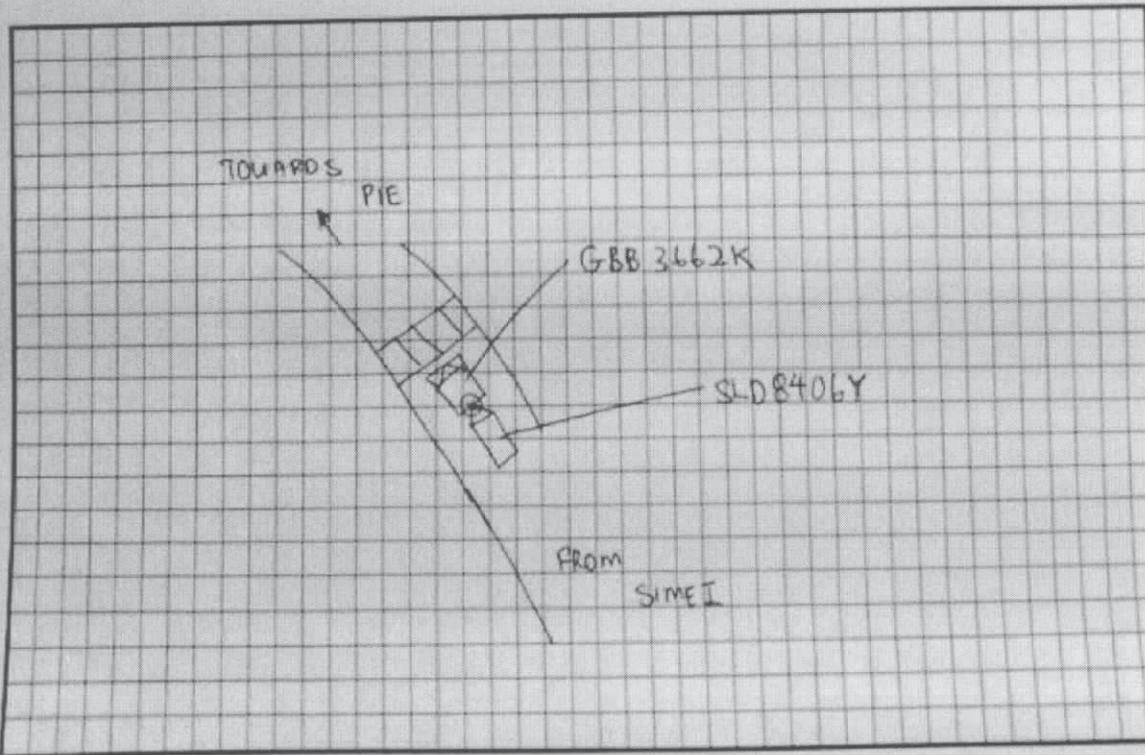
IMPORTANT NOTICE

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 liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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.
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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

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)

I was travelling from SIMEI entering the slip rd towards PIE/Changi , I stop my vehicle to give way to a pedestrian crossing at the zebra crossing when suddenly I felt an impact on the rear of my GBB3662K. No injuries involved.

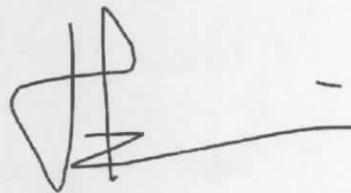
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 April 2018 4:00 pm

Date/Time:

11 April 2018 4:00 pm



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No.: M4-0006529-2

Print Date/Time : 12 Apr 2018 / 11:52:01

Receipt Date/Time : 12 Apr 2018 / 11:52:01

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180412-000789

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLD8406Y As at 09 Apr 2018/17:20:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLD8406Y Enquiry Fee 20180412114858632758	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx4559		Credit Card: Visa/MasterCard	7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	1196N

Vehicle Details

Vehicle No.:	GBB3662K
Vehicle to be Exported:	No
Intended De-registration Date:	12 Apr 2018
Vehicle Make:	FIAT
Vehicle Model:	FIORINO 1.3MJTD (225.2L20)
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	199A20002933831
Chassis No.:	ZFA2250000044554
Maximum Power Output:	-
Open Market Value:	\$18,001.00
Original Registration Date:	21 Jan 2009
First Registration Date:	21 Jan 2009
Transfer Count:	1
Actual ARF Paid:	\$901.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	20 Jan 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$8,889.00
COE Rebate Amount:	\$685.00
Total Rebate Amount:	\$685.00

The information contained herein is correct as at 12 Apr 2018

OK