

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	26/04/2018 13:57
Date Of Accident	26/04/2018 10:50
Exact Location Of Accident	ALONG 149 GEYLANG ROAD 389233 TOWARDS KALLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7680R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87193171

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO
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	MUHAMMAD KHAIRUL ARIFFIN BIN JA'AFAR
NRIC No	S9142897J
Date Of Birth	18/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87193171
Fax Number	
Contact Number	
EEmail Address	CHIQOYO11@GMAIL.COM

Address	BLK 503 ANG MO KIO AVENUE 5 #02-3786 SINGAPORE 560503
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 - CHANGE/CROSS LANE
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 DRIVING ALONG GEYLANG RD TOWARDS KALLANG AND I WAS DRIVING AT THE SECOND LANE. TRAFFIC AT THIRD LANE AND FOURTH LANE WAS HEAVY. SUDDENLY VEHICLE B AT THIRD LANE FILTER OUT INTO MY LANE AND COLLIDED ONTO MY LEFT REAR PASSENGER DOOR TO REAR LEFT PORTION. WE STOP A SIDE TOOK PHOTO AND EXCHANGES PARTICULARS. NO INJURIES INVOLVED.

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	SLU9443T
Vehicle Make/Model/Colour	TOYOTA/PRIUS HYBRID/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SONG YOUNG THIEM SAMUEL
NRIC/Passport Number	S7011867Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

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 Authroised 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.

Signature

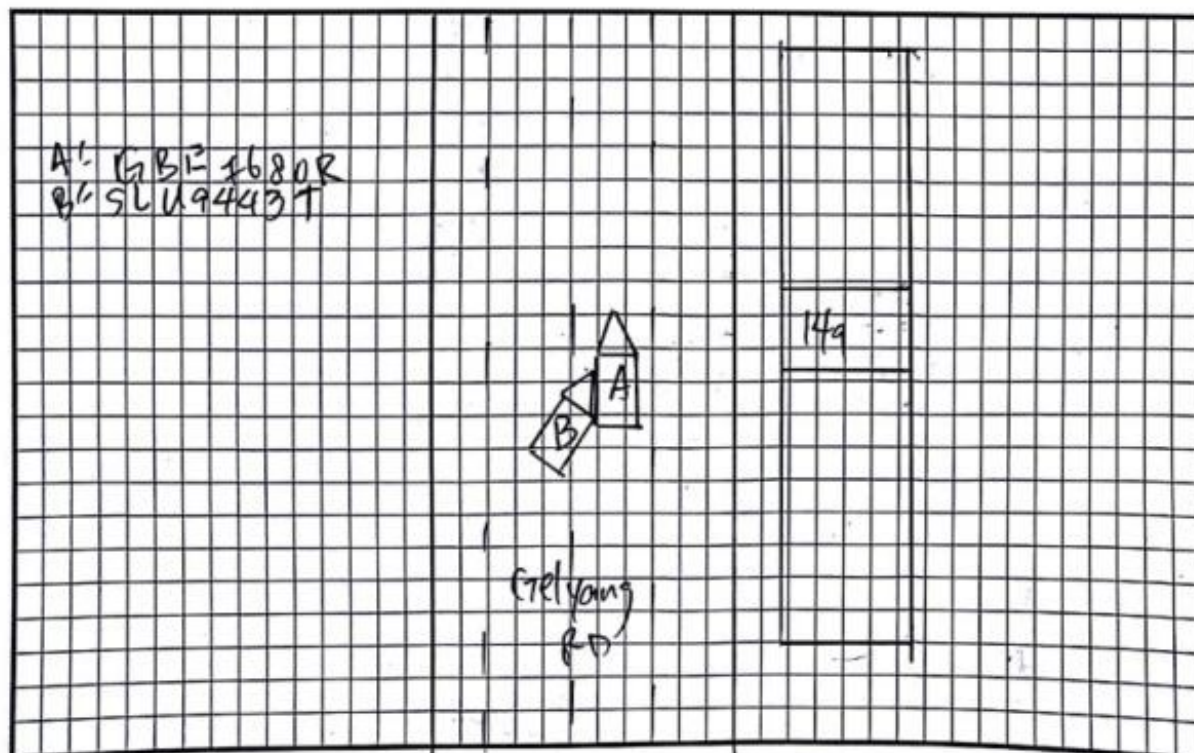
**VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN**

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 DRIVING ALONG GEYLANG RD TOWARDS KALLANG AND I WAS DRIVING AT THE SECOND LANE. TRAFFIC AT THIRD LANE AND FOURTH LANE WAS HEAVY. SUDDENLY VEHICLE B AT THIRD LANE FILTER OUT INTO MY LANE AND COLLIDED ONTO MY LEFT REAR PASSENGER DOOR TO REAR LEFT PORTION. WE STOP A SIDE TOOK PHOTO AND EXCHANGES PARTICULARS. 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 -
NG CHIN CHUN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

26 April 2018 12:00 pm

Date/Time:

26 April 2018 12:00 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence Number: **S9142897**
Name: **MUHAMMAD KHAIRUL ARIFFIN BIN JA'AFAR**

Birth Date: **18 Nov 1991**
Issue Date: **03 Jun 2010**




 001862363H



REPUBLIC OF SINGAPORE
NATIONAL ID CARD NO. **S9142897J**



Name: **MUHAMMAD KHAIRUL ARIFFIN BIN JA'AFAR**



Race: **BOYANESE**
Date of birth: **18-11-1991** Sex: **M**
Country of birth: **SINGAPORE**

Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 CC	03 Jun 2010
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	04 Mar 2017

S9142897J S / No. 9000257219

MP 428A Licence No: S9142897J

NRIC No. S9142897J

Date of issue
01-12-2006

Address
APT BLK 503 ANG MO KIO AVENUE 5
#02-3786
SINGAPORE 560503