

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	07/05/2018 13:58
Date Of Accident	07/05/2018 11:30
Exact Location Of Accident	ALONG AYE AFTER JURONG PORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5128C
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85534249

Vehicle Particulars

Manufacturer	HINO
Model	SH1EERA 13L
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 SYAFFIE BIN ABDUL RAHMAN
NRIC No	S7802100D
Date Of Birth	24/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	23/01/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85534249
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 103 WOODLANDS STREET 13 #02-224 SINGAPORE 730103
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	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?	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 XD5128C was driving along AYE Tuas, on the left lane there's was an accident and the lane was close. So I change to the first lane, while driving at the first lane suddenly the other party XE425Y cut onto my lane without signal light so I applied my brakes to avoid contact with his vehicle as I applied my brake the other party swerve in more into my lane and his left rear bang onto my left passengers door and pull over onto my doors. We manage to exchange particular and no injuries involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE425Y
Vehicle Make/Model/Colour	MITSUBISHI/FUSO FV51SS3VDEA/BLUE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEK HOCK LAI
NRIC/Passport Number	S1723816G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

DISCUSSION AND CONCLUSIONS

- [illegible]

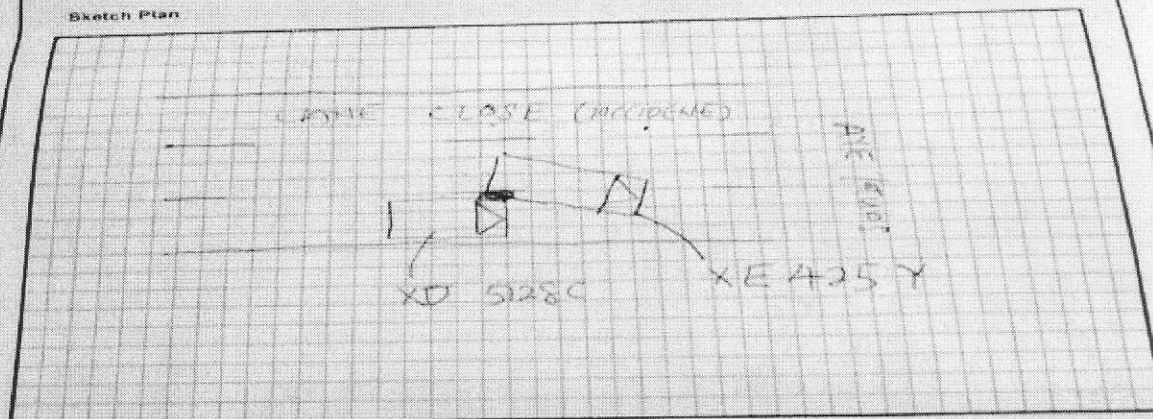
VERIFIED BY ASAC MARS
REPORTING OFFICER
MUHAMMAD UMARU, SSI
KACHO AFFAIRS
Reviewed by Reporting Office
Washington

Estimating the Significance of Data & Error

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2017年12月31日 星期日

Sketch Plan



Common Statement Pg. 1

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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 -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

7 May 2018 1:18 pm

Date/Time:

7 May 2018 1:18 pm