

## 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 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	10/08/2017 21:59
Date Of Accident	10/08/2017 14:15
Exact Location Of Accident	FILTER LANE OF AMK AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3871C
<b>Insured/Policyholder</b>	
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	TOYOTA
Model	HIACE-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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-16085361MFCV
Cover Note Number	

### Driver

Name of Driver	SUPIAN BIN NINADA
NRIC No	S9137603B
Date Of Birth	18/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2015
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 289G BUKIT BATOK ST 25 #04-110
Postcode	656289
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

ON MENTIONED DATE/TIME, I WAS AT THE EXTREME RIGHT OF THE FILTER LANE ALONG ANG MO KIO VE 3 TOWARDS CTE (CITY). VEHICLE B WAS ON MY LEFT AND BEHIND ANOTHER TRUCK. WE MADE THE TURN TOGETHER WHEN THE TRAFFIC ON THE MAIN ROAD WAS CLEAR. I REMAINED ON THE EXTREME RIGHT LANE WHEN VEHICLE B ATTEMPTED TO FILTER TO MY LANE TO OVERTAKE THE TRUCK. AS A RESULT, VEHICLE B'S FRONT RIGHT COLLIDED INTO MY VEHICLE'S FRONT LEFT PORTION.

#### 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	SHC3563L
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI / BLUE
Details Of Properties	VEH B
Name of Driver	SEOW JOO MENG
NRIC/Passport Number	S0185100D
Contact Number	91199231
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

**SKETCH PLAN**

**IMPORTANT NOTICE**

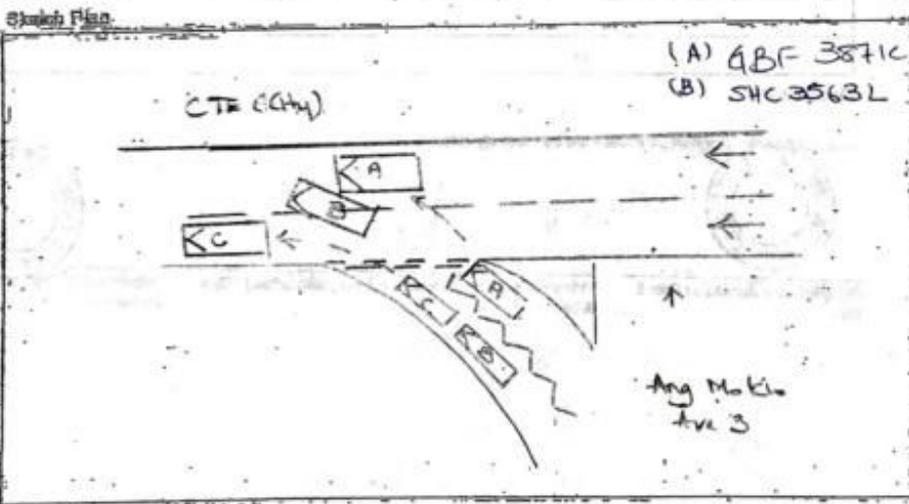
1. Please report accurately the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder or other the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or falsification of material facts may affect insurance coverage to reinsure under liability.
4. The cause and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insured or insured.
5. Any claim regarding same be referred to the Police for Investigation.
6. The report will be forwarded by the Bureau of the Civil Aviation Management Centre established by the Civil Aviation Authority of Singapore (CAAS) for accident and that copies of this report will be sent to the relevant authorities as applicable by interested parties.
7. By the completion of this report to the insurer, you hereby consent to the making of this report to the relevant authorities of that report being made available.
8. Consent under the Personal Data Protection Act (PDPA)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My interest, my workplace and the Civil Aviation Authority of Singapore ("CAAS") require permitted to collect, use, disclose and/or process my personal and professional information but in this process may other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclosure and/or such Personal Information to all parties (or who have agreed to) involved in the accident (all persons) if he have personal details included in this accident shall be effectively referred to the "insurers", the insurance "lawyer(s)", the Civil Aviation Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
      - (1) processing, handling and/or dealing with my claim including the verification of the claim and any necessary investigations relating to the claim;
      - (2) investigating the accident causing my claim;
      - (3) carrying out other duties in the my responsibilities or compliance to any regulation by law;
      - (4) administering my claim (including the making of correspondence, statements, reports or notices to me, which could involve disclosure of certain financial data about the liability and status of the claim as well as the other relevant aspects of investigation and/or other;
      - (5) complying with applicable law in disseminating, processing, handling and/or dealing with my claim (collectively the "Purposes");
    - (ii) I understand or have been clearly notified (provided in this accident and the insurers' flyer/flow (this, may also be provided to collect, use, disclose and/or process my Personal Information for other uses of the above Purposes; and
    - (iii) my financial information may be disclosed by any of the insurers under LPA to their third party service providers or agents (including their lawyer/agent firm), which may be situated outside of Singapore, for any or more of the above Purposes.



*[Handwritten Signature]*



Policyholder's Signature / Date & Time      Insurer's Signature (if other to not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel





Accident Photo



Accident Photo



Accident Photo



Accident Photo



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**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



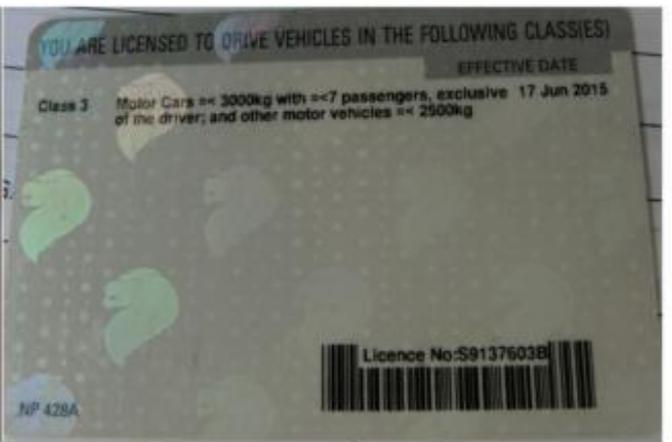
Accident Photo



Accident Photo



# Driving License



**CLASS 3 ~ 17 JUN 2015**