### 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 <u>truthful and accurate</u> 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/07/2018 23:12
Date Of Accident	18/07/2018 09:20
Exact Location Of Accident	LOADING BAY @ PARAGON SHOPPING CENTRE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC2058G
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	MITSUBISHI
Model	FB70BB1SRDEA-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 WANG MENG
Passport No/FIN G3373877W
Date Of Birth 26/02/1980
Occupation OUTDOOR
Date Of Driving Pass 19/04/2018

Driving Experience 0 YEAR AND 2 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83357378

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

-

NO

#### **General Information of the Accident**

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

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) 1

### **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 18/07/2018 at 9.20am, I had parked my vehicle in one of the loading bay at Paragon Shopping Centre. I was inside my vehicle's rear cargo box sorting out the goods for delivery. My left side freezer door was opened at that time. Suddenly, I felt an impact. I immediately alighted from my vehicle's rear compartment to check. I realized that vehicle B had knocked into my stationary vehicle while reversing. Vehicle B's attendant was infront guiding vehicle B into the loading bay. Later on, vehicle B driver admitted that he was too focused on checking for oncoming traffic at the front and did not check his rear. My vehicle's rear left freezer door was damaged. There was no damage to vehicle B.

#### 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 GBH4374D

Vehicle Make/Model/Colour TOYOTA / DYNA / WHITE

Details Of Properties VEH B

Vehicle Category COMMERCIAL VEHICLE

2

Name of DriverLIM YEW HWANRIC/Passport NumberS6810653BContact Number87889825

Address Postcode

Insurance Company Name

insurance Company Name

Nature Of Damage NO DAMAGE

No. Of Passenger (Including Driver)

Passenger 1

NAME: : GENDER: :

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#### Sketch Plan

#### SKETCH PLAN

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- 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 upon application by interested parties.
- 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:
  - 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.
- (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:
  - 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.

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Policyholder's Signature Date & Time: 275\_ X

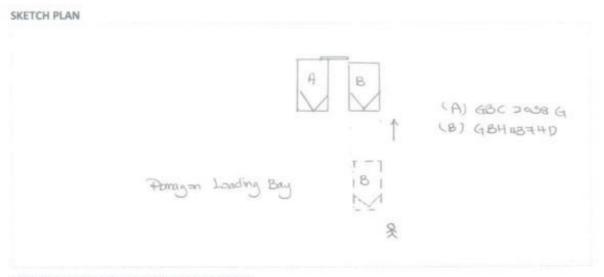
Oriver's Signature (If driver is not the policyholder) Date & Time:

MOH! COUNTY

S WIR W

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

#### Sketch Plan #2



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/07/2018 at 9.20am, I had parked my vehicle in one of the loading bay at Paragon Shopping Centre. I was inside my vehicle's rear cargo box sorting out the goods for delivery. My left side freezer door was opened at that time. Suddenly, I felt an impact. I immediately alighted from my vehicle's rear compartment to check. I realized that vehicle B had knocked into my stationary vehicle while reversing. Vehicle B's attendant was infront guiding vehicle B into the loading bay. Later on, vehicle B driver admitted that he was too focused on checking for oncoming traffic at the front and did not check his rear. My vehicle's rear left freezer door was damaged. There was no damage to vehicle B.

DECLARATION

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

We declare the

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

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

DIABNE SALEDPRINT (OF V)







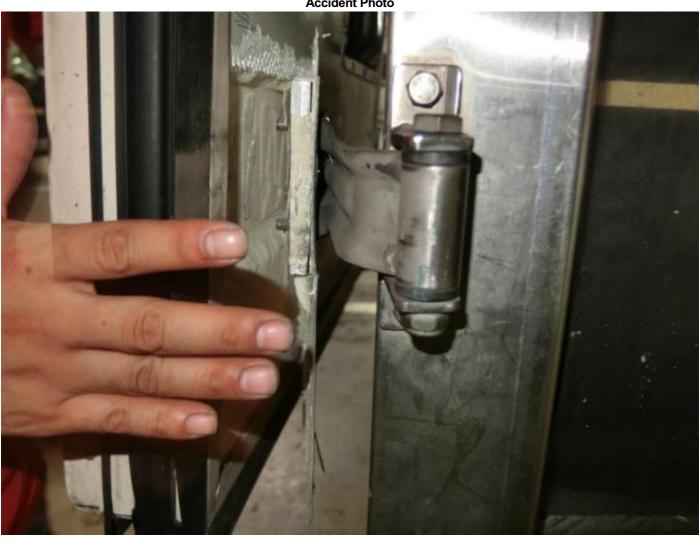
























### **Driving License**



CLASS 3 ~ 19 APR 2018