

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	14/08/2018 10:27
Date Of Accident	14/08/2018 08:00
Exact Location Of Accident	ALONG ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL2173L
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	CANTER-3.9 D FE639E6SRDE (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	MUHAMMAD FAIRUZ BIN JOHARI
NRIC No	S9504204Z
Date Of Birth	11/02/1995
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81130253
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 166A TECK WHYE CRESCENT #05-349
Postcode	681166
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
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.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : NOT APPLICABLE GENDER: : MALE
Passenger 2	NAME: : NOT APPLICABLE GENDER: : MALE
Passenger 3	NAME: : NOT APPLICABLE GENDER: : MALE

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 14/08/18 AT ABOUT 8:00AM, I WAS TRAVELLING ON THE RIGHT LANE ALONG ALEXANDRA ROAD TOWARDS QUEENSWAY. I WAS MOVING WITHIN MY LANE WHEN I FELT AN IMPACT AT THE REAR. I STOPPED MY VEHICLE IMMEDIATELY AND ALIGHTED TO CHECK. I REALIZED THAT VEHICLE B HAD COLLIDED INTO MY VEHICLE WHILE ATTEMPTING TO FILTER TO THE RIGHT. MY VEHICLE SUSTAINED DAMAGES AT THE REAR 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	SLR3297D
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	KWAN WENG MUN

NRIC/Passport Number	S1154755I
Contact Number	96194021
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RIGHT PORTION
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.
- (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:
 - (i) 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.



Policyholder's Signature
Date & Time:

[Signature]

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

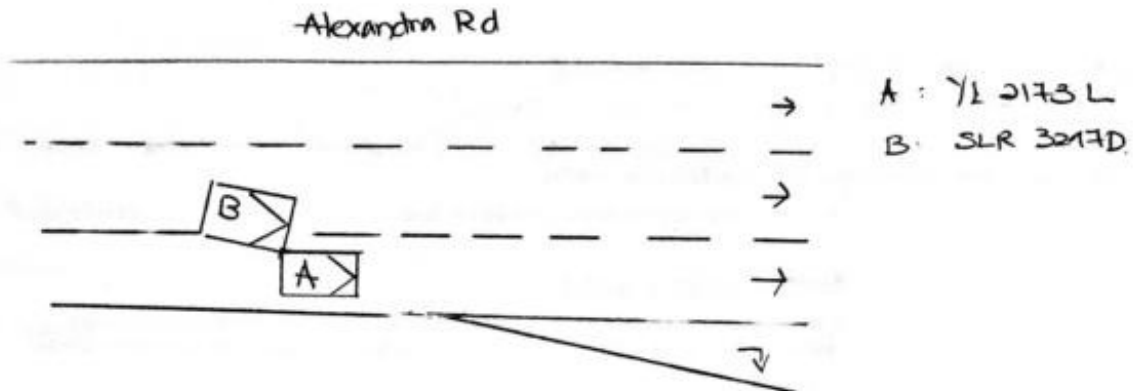
7/2 2013



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/8/18 at about 8.00 am, I was travelling on the right lane along Alexandra Rd towards Queensway. I was moving within my lane when I felt an impact at the rear. I stopped my vehicle immediately and aligned to check. I realized that Vehicle B had collided into my vehicle while attempting to filter to the right. My vehicle sustained damages at the rear left portion.

DECLARATION

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



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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



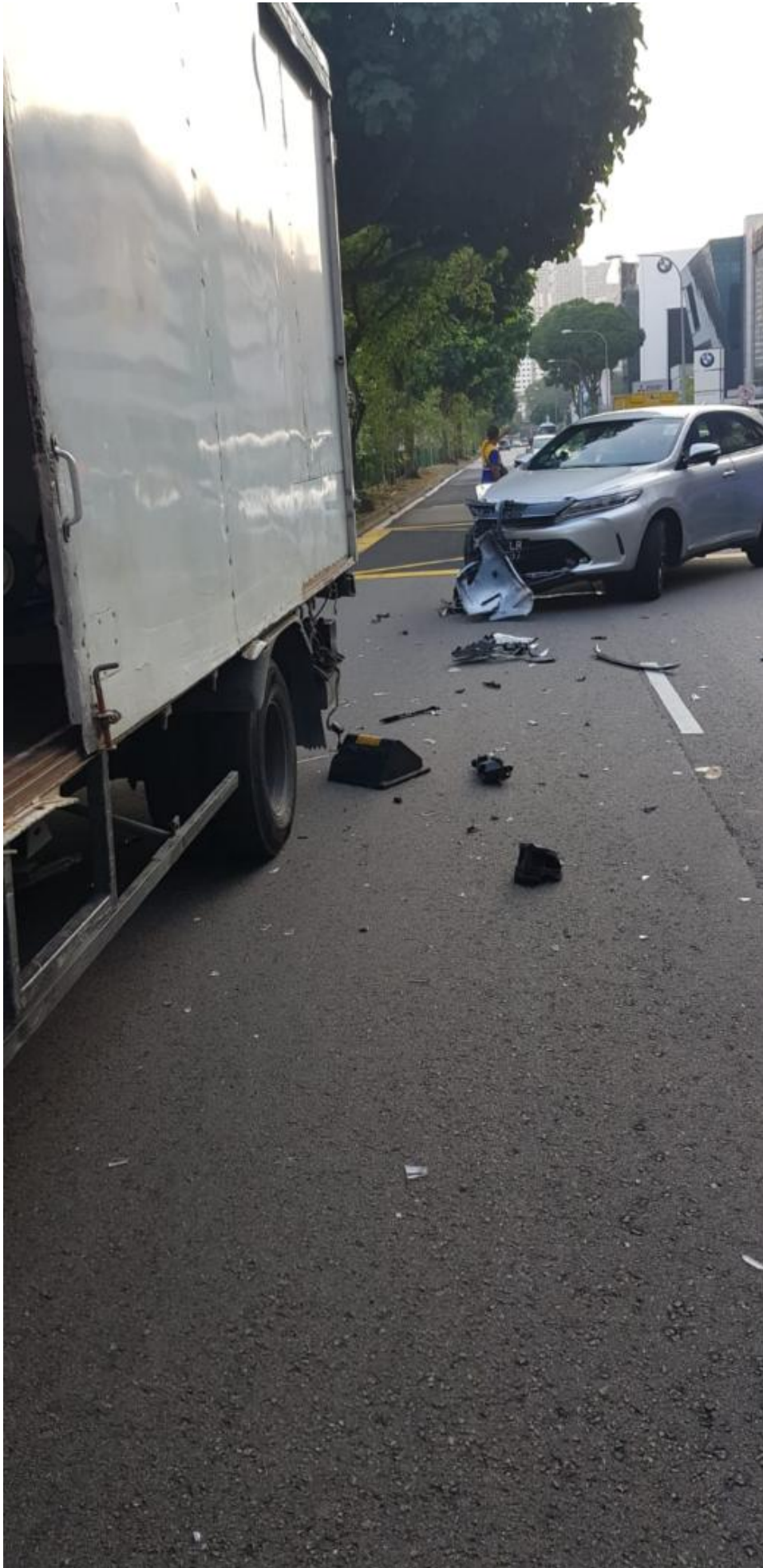
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9504204Z**



Name
MUHAMMAD FAIRUZ BIN JOHARI

Race
MALAY

Date of birth
11-02-1995

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9504204Z**

Name:
MUHAMMAD FAIRUZ BIN JOHARI

Birth Date: **11 Feb 1995**

Issue Date: **13 Sep 2016**

002608993K

4823383



NRIC No **S9504204Z**



Date of issue
05-02-2010

APT BLK 166A TECK WHYE CRESCENT #05-349
SINGAPORE 681166
S9504204Z 15/06/2015 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	13 Sep 2016
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	13 Sep 2016

NP 428A

Licence No: S9504204Z

CLASS 4 ~ 13 SEP 2016