

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	31/07/2018 18:58
Date Of Accident	28/07/2018 18:00
Exact Location Of Accident	ALONG MARINA BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2601S
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84670474

Vehicle Particulars

Manufacturer	IVECO
Model	STRALIS MY2013
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-18090757MFCV
Cover Note Number	

Driver

Name of Driver	RIDZUAN BIN WAWI
NRIC No	S8331909G
Date Of Birth	14/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84670474
Fax Number	
Contact Number	
EEmail Address	AKENBANZAI@GMAIL.COM

Address	APT BLK 967B JURONG WEST STREET #12-841
Postcode	642967
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)	5
Passenger 1	NAME: : RIMA GENDER: : FEMALE
Passenger 2	NAME: : EIKEN GENDER: : MALE
Passenger 3	NAME: : AIRYN GENDER: : FEMALE
Passenger 4	NAME: : AIRYS GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	AYER RAJAH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180729/2063 ON THE 28 JULY 2018 AT ABOUT 2205 HRS, I WAS DRIVING MY COMPANY VEHICLE, ONE MAROON IVECO PRIME MOVER BEARING REGISTRATION PLATE NUMBER XE2601S ALONG RAFFLES BOULEVARD. I HAD JUST FINISHED WATCHING THE NDP PREVIEW TOGATHER WITH MY FAMILY AND THE ROAD WAS HEAVY AS EVERYONE STARTED TO LEAVE THE AREA. AS I WAS SLOWLY DRIVING ALONG THE EXTREME RIGHT LANE OF RAFFLES BOULEVARD, SUDDENLY MY WIFE WHO WAS SITTING NEXT TO ME AT THE PASSENGER FRONT SEAT SPOTTED A SILVER TOYOTA VIOS CAR BEARING REGISTRATION PLATE NUMBER SJR6626S WAS DRIVING VERY NEAR NEXT TO MY VEHICLE ON MY LANE. AS I SLOWLY INCH MY VEHICLE FORWARD DUE TO THE HEAVY TRAFFIC, THE CAR THEN OVERTOOK ME BY SLOWLY COMING IN INTO MY LANE ON THE EXTREME RIGHT LANE, RESULTED IN THE CAR HITTING ONTO MY FRONT SIDE WILE TRYIMG TO MERGE INTO MY LANE. I THEN LEAVE MY VEHICLE AND SWITCHED PARTICULARS WITH THE SAID DRIVER ODSJR6626S. NOBODY WAS INJURED AT SCENE. THE ACCIDENT HAPPENED NEAR LAMP POST NUMBER 5F. NO AMBULANCE OR POLICE SAME TO SCENE. ONLY THE AETOS OFFICER CAME TO ASSIST FOR THE TRAFFIC CONTROL. I WAISH TO STATE THAT MY PRIME MOVER DOES NOT HAVE ANY VIDOE RECORDING DEVICE INSTALLED IN IT. THE DAMAGED MY VEHICLE SUSTAINED WAS THE LEFT STEPPER WHICH ALLOWS THE PASSENGER TO STEP ONTO TO GO INTO THE VEHICLE WAS BREAK AS IT WAS MADE OF PLASTIC. THERE ARE ALSO SOME SCRATCHES NEAR THE FRONT LEFT BUMPER AREA OF MY COMPANY VEHICLE. I WISH TO STATE THAT I AM LODGING THIS REPORT FOR CLAIMING OF INSURANCE PURPOSE.

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	SLR6626T
Vehicle Make/Model/Colour	TOYOTA / VIOS / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHEE WEI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

(XE2601S) ✓

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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.

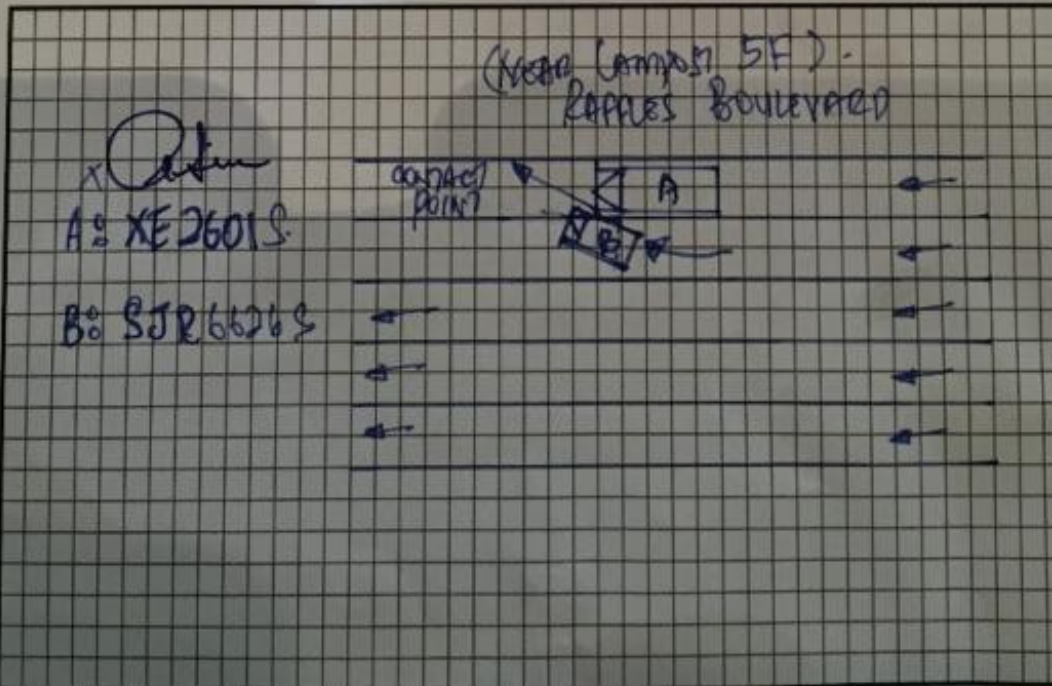
VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180729/2063

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

1 of 3

Report No: T/20180729/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2018 16:26	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: RIZUAN BIN MAWI		Address: APT BLK 967B JURONG WEST STREET 93 #12-841 SINGAPORE 642967	
ID Type / ID No.: NRIC NO / S8331909G		Contact No.: Home/Office: Mobile: 84670474	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 14/10/1983	Type of Informant: Driver
Race: Boyanesse		Language:	Institution / School Name:
Occupation: Other heavy truck and lorry drivers		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2018 22:05	Type of Location: Straight Road
Location: Along Road 1 RAFFLES BOULEVARD near lamp post 5F Lamp Post Number: 5F			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR6626S	Car	TOYOTA	VIOS	Silver		3
XE2601S	Prime Mover	IVECO		Maroon	Slightly Damaged	4

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180729/2063

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

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Report No. T/20180729/2063

CONTINUATION OF REPORT

Name	GOH CHEE WEI	ID No.	S6982015H
Related Vehicle	SJR6626S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RIZUAN BIN MAWI	ID No.	S8331909G
Related Vehicle	XE2601S (Prime Mover)	Contact No.	84670474
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 28 July 2018 at about 2205hrs, I was driving my company vehicle, one maroon Iveco prime mover bearing registration plate number XE2601S along Raffles Boulevard. I had just finished watching the NDP preview together with my family and the road was very heavy as everyone started to leave the area.

As I was slowly driving along the extreme right lane of Raffles Boulevard, suddenly my wife who was sitting next to me at the passenger front seat spotted a silver Toyota Vios car bearing registration plate number SJR6626S was driving very near next to my vehicle on my lane. As I slowly inch my vehicle forward due to the heavy traffic, the car then overtook me by slowly coming in into my lane on the extreme right lane, resulted in the car hitting onto my front side while trying to merge into my lane.

I then leave my vehicle and switched particulars with the said driver of SJR6626S. Nobody was injured at scene. The accident happened near lamp post number 5F. No ambulance or police came to scene. Only the AETOS officers came to assist for the traffic control. I wish to state that my prime mover does not have any video recording device installed in it. The damages my vehicle sustained was the left stepper which allows the passenger to step onto to go into the vehicle was break as it was made of plastic. There are also some scratches near the front left bumper area of my company vehicle.

I wish to state that I am lodging this report for claiming of insurance purpose.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180729/2063

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

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Report No. T/20180729/2063

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sgt 3 KOAK CHAN SIONG WILLIAM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/07/2018 16:26

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

SINGAPORE
Authentication Stamp
SP168

SN 35

SIGNATURE

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. **S8331909G**




Name
RIZUAN BIN MAWI


Race
BOYANESE
Date of birth
14-10-1983
Country/Place of birth
SINGAPORE

Sex
M

S8331909G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8331902G**
Name
RIZUAN BIN MAWI

Birth Date: **14 Oct 1983**
Issue Date: **15 Jul 2003**



 **000858989C**

Driving License

