

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	08/08/2018 03:58
Date Of Accident	07/08/2018 08:40
Exact Location Of Accident	NEAR QUALITY ROAD HAWKER CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3199R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942888

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	N.A.

Driver

Name of Driver	KALAISELVAN A/L GANASAGARAN
Passport No/FIN	G8095602P
Date Of Birth	18/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81373374
Fax Number	
Contact Number	OFFICE-81373374
Email Address	KALAIKUKU@GMAIL.COM

Address	NIL
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

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

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180807/2082 LODGED AT JURONG NPP. ON THE 07/08/2018 AT ABOUT 0840HRS, I PARKED MY COMPANY VEHICLE (GBE3199R) AT THE CAR PARK LOT WHICH ALONG THE ROAD SIDE (SERVICE ROAD) NEAR TO QUALITY ROAD HAWKER CENTRE. ME AND MY PARTNER THEN LEFT TO THE HAWKER CENTRE. SUDDENLY ONE OF THE CLEANER INFORMED ME THAT THERE IS A LORRY WHO ACCIDENTALLY HIT ONTO MY VEHICLE. I THEN RUSHED OUT AND DISCOVERED THAT THERE WAS A LORRY (YK6230J) WHO REVERSING ALONG THE SAID ROAD SIDE. THE RIGHT REAR OF THE SAID LORRY HAS SIDE SWIPED THE LEFT SIDE OF MY VEHICLE. THERE ARE SCRATCHES ALONG THE LEFT SIDE OF MY VEHICLE AND DAMAGES OF MY LEFT SIDE MIRROR. WE TRIED TO STOP THE SAID LORRY BY FOLLOWING HIM AND HONING AFTER WE GET INTO OUR VEHICLE HOWEVER THE LORRY DID NOT STOP AFTER THE ACCIDENT. THERE WERE WITNESSES AROUND THE COFFEE SHOP AND I AM NOT SURE WHETHER ANY CCTV AROUND THE VICINITY.

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	YK6230J
Vehicle Make/Model/Colour	NISSAN/MKB210NHRH/WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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5. Any false reporting may be referred to the Police for investigation.
6. 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 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.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that 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.
 - (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.

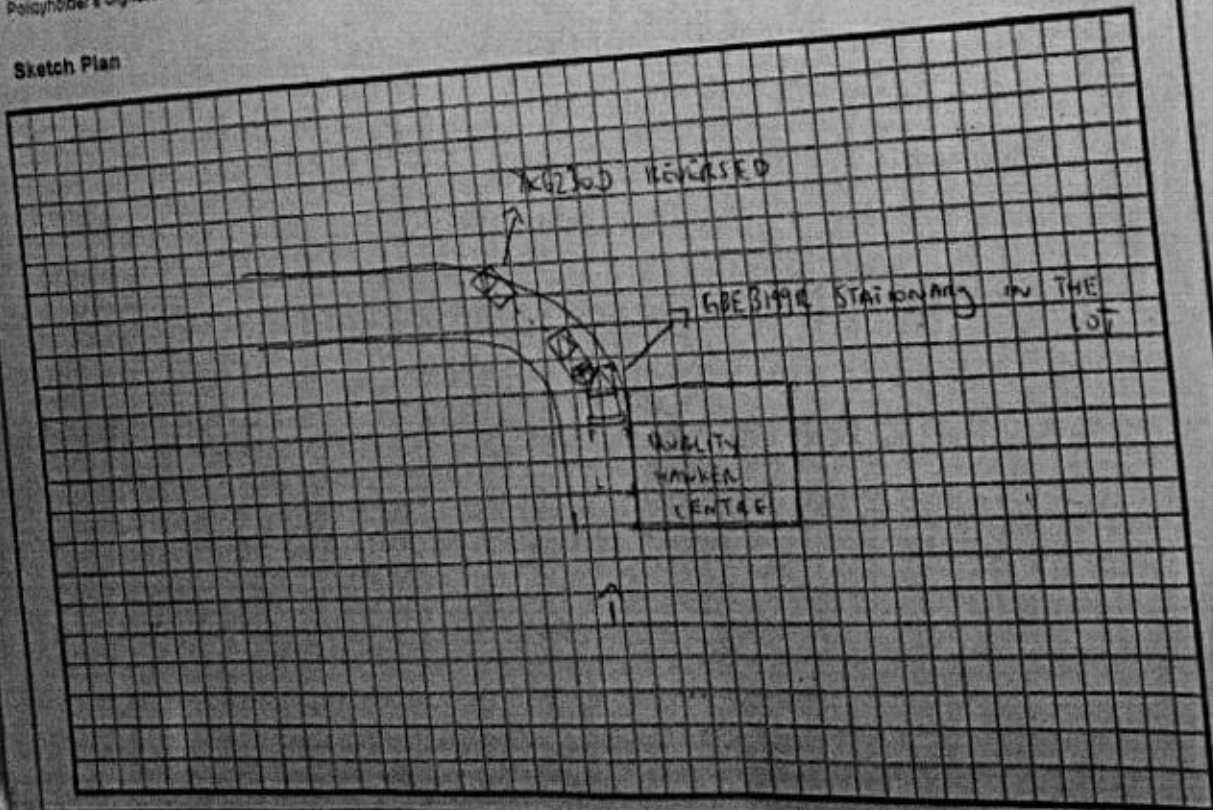
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

Refer to police report.

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 -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

7 August 2018 at 7:04 PM

Date/Time:

7 August 2018 at 7:04 PM

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999



T/20180807/2082

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Report No: T/20180807/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
07/08/2018 13:53

Vide Report No.:

Station Diary No.:
18

Informant's Particulars

Name of Informant:
KALAISELVAN A/L GANASAGARAN

Address:
Malaysia

Mobile: 81373374

ID Type / ID No.:
FIN NO / G8095602P

Contact No.:
Home/Office:
Email:

Nationality:
MALAYSIAN

Sex:
Male

Age:
29

Date of Birth:
18/04/1989

Type of Informant:
Driver

Institution / School Name:

Race:
Indian

Occupation:
Other car and light goods vehicle
drivers etc

Driving Licence Information:
Class: 2B,3,4

Date of Expiry: 04/01/2021

General Information of the Accident

Type of
Accident:

Non-Injury
Hit and Run

Drink
Drive:
No

Date/Time of
Accident:
07/08/2018 08:40

Type of Location:
Car Park

Location:
Along Road 1
QUALITY ROAD

NEAR QUALITY ROAD HAWKER CENTRE

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3199R	Van				Slightly Damaged	0
YK8230J	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

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610158
Tel No: 1800-2659999



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Report No. T/20180807/2082

CONTINUATION OF REPORT

Driver Name	KALAISELVAN A/L GANASAGARAN		ID No.	G8095602P
Related Vehicle	GBE3199R (Van)		Contact No.	81373374
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: 04/01/2021
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver Name	Unknown Driver		ID No.	NIL
Related Vehicle	YK6230J (Lorry)		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	

Brief Details:

On the 07/08/2018 at about 0840hrs, I parked my company vehicle (GBE3199R) at the car park lot which along the road side (service road) near to Quality Road Hawker Centre. Me and my partner then left to the hawker centre.

Suddenly one of the cleaner informed me that there is a lorry who accidentally hit onto my vehicle. I then rushed out and discovered that there was a lorry (YK6230J) who reversing along the said road side. The right rear of the said lorry has side swiped the left side of my vehicle. There are scratches along the left side of my vehicle and damages of my left side mirror.

We tried to stop the said lorry by following him and honing after we get into our vehicle however the lorry did not stop after the accident. There were witnesses around the coffee shop and I am not sure whether any CCTV around the vicinity.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999



T/20180807/2082

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Report No. T/20180807/2082

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:

Sgt 2 PERRY P NG WEE PHONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / HRT /
Sgt GOH GEOK LYE
Contact No: 65476148

Classification Stamp

SN 128

Signature Of Informant:

Date/Time:
07/08/2018 13:53

Classification Of Case: