

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	16/09/2018 15:42
Date Of Accident	14/09/2018 15:30
Exact Location Of Accident	JUNCTION OF JURONG EAST ST 31 AND BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY8464C
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942897

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE MANUAL
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	MUHAMMAD SHARIL BIN ABDUL NASIR
NRIC No	S9209619Z
Date Of Birth	25/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85180421
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	HDB CHOA CHU KANG, 549 CHOA CHU KANG STREET 52 680549
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	COLLISION - HEAD TO REAR
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)	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

I WAS DRIVING ALONG BOON LAY WAY TURNING TOWARDS JURONG EAST ST 31. WHEN I STARTED TO TURNING INTO JURONG EAST ST 31, SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED.

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	GBG6151Y
Vehicle Make/Model/Colour	MERCEDES BENZ/VITO 114 CDI PANEL VAN LONG AT ABS 5DR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN MING SHENG
NRIC/Passport Number	S8226857Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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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 Insurers who have insured vehicle(s) involved in this accident (all Insurers) and disclose and transfer such Personal Information to all Insurers who have insured "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.

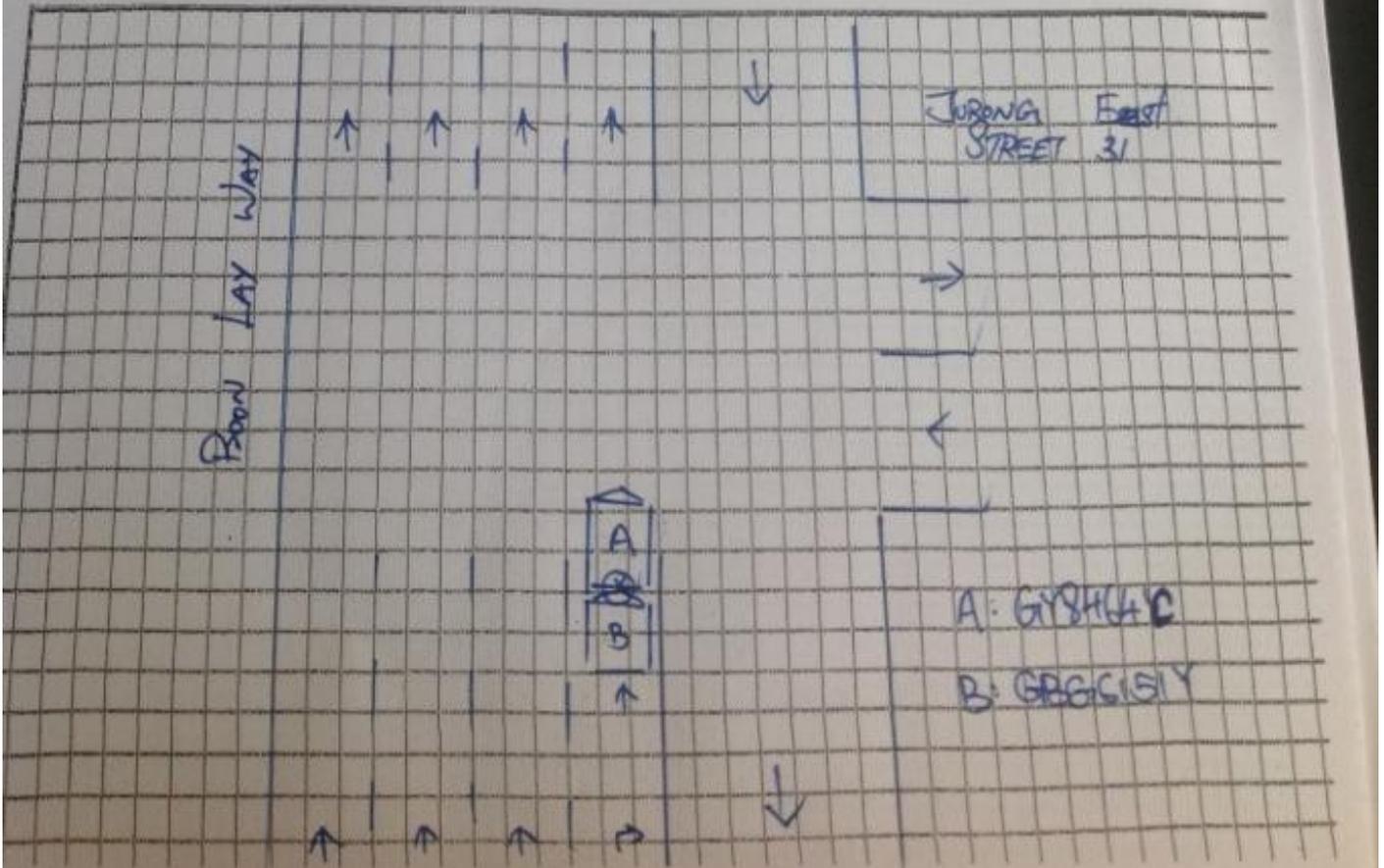
VERIFIED BY AJAX MA
REPORTING OFFICER
Jun Keat

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG BOON LAY WAY TURNING TOWARDS JURONG EAST ST 31. WHEN I STARTED TO TURNING INTO JURONG EAST ST 31, SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

16 September, 2018 3:01 pm

Date/Time:

16 September, 2018 3:01 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



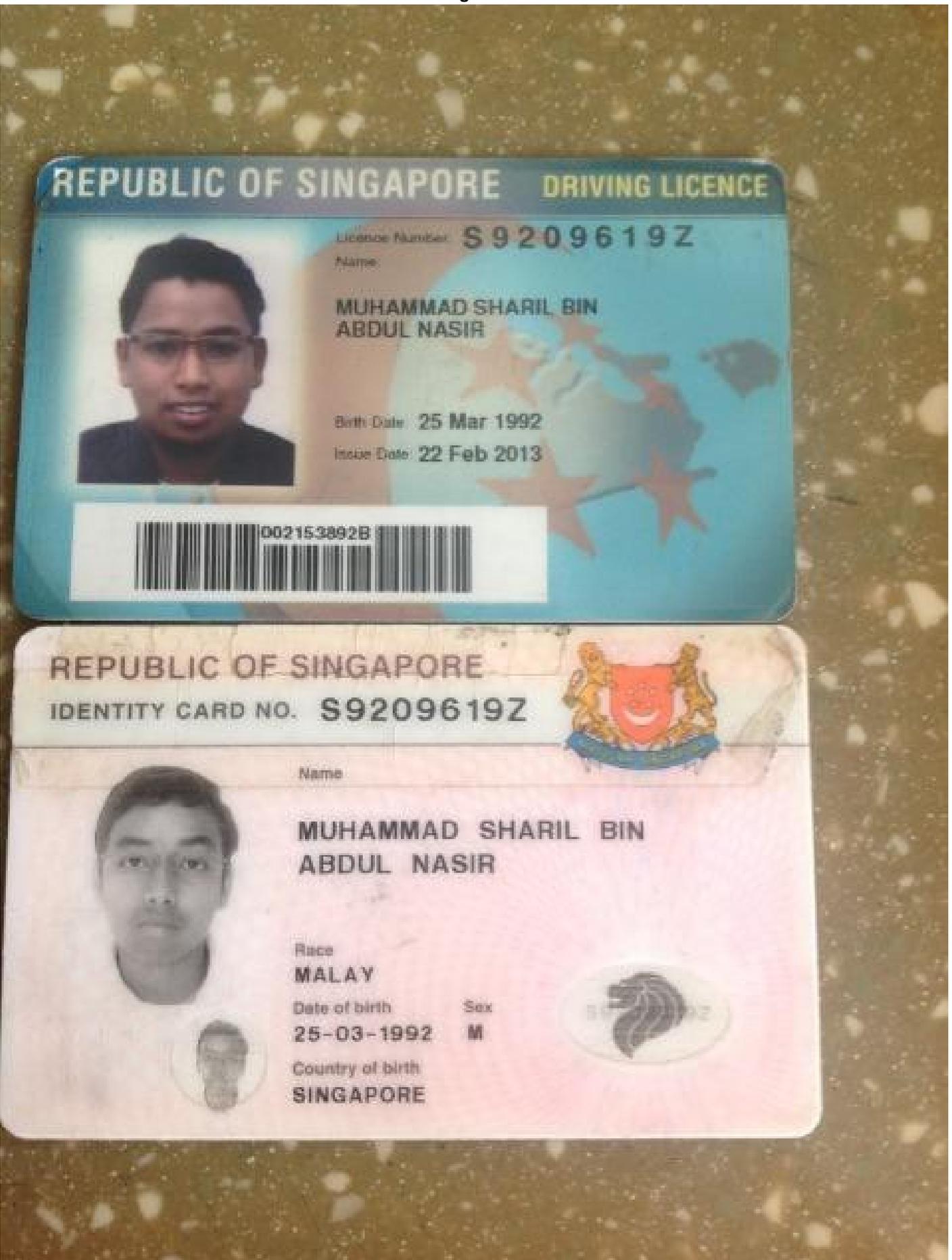
Accident Photo



Accident Photo



Driving License



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S9209619Z**

Name:

**MUHAMMAD SHARIL BIN
ABDUL NASIR**

Birth Date: **25 Mar 1992**

Issue Date: **22 Feb 2013**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9209619Z**



Name

**MUHAMMAD SHARIL BIN
ABDUL NASIR**

Race

MALAY

Date of birth

25-03-1992

Sex

M

Country of birth

SINGAPORE



Driving License



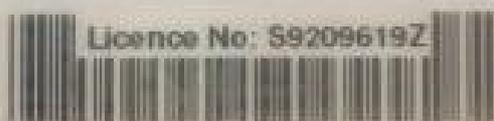
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	22 Feb 2013
Class 4	Heavy motor cars and motor tractors > 2500 kg	04 Jan 2013

59209619Z

S / No. 9000184887



Licence No: S9209619Z

NP 428A

4026930



NRIC No. S9209619Z



Date of Issue
09-04-2007

Address
APT BLK 549 CHOA CHU KANG STREET 52
#05-07
SINGAPORE 680549