

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 liability.
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	10/10/2018 18:16
Date Of Accident	10/10/2018 11:50
Exact Location Of Accident	27F LOYANG OFFSHORE BLK 105
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6237P
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90677191

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	D17087422MFCV
Cover Note Number	

Driver

Name of Driver	MOSES S/O N CHANDRA SEKARAN
NRIC No	S9446762D
Date Of Birth	20/12/1994
Occupation	INDOOR
Date Of Driving Pass	29/04/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96994781
Fax Number	
Contact Number	
Email Address	BOBOIAPACHEE@GMAIL.COM

Address	BLK 987A BUANGKOK GREEN #02-11
Postcode	531987
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?	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

My lorry (YP6237P) was stationary in Loyang offshore block 105 yard, when a lorry (XD2361P) reversed and hit onto me. The rear left side of the lorry make contact with the front right side of the lorry. 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	XD2361P
Vehicle Make/Model/Colour	NISSAN/GKB45CLBHNB/ORANGE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI GUOHUA
NRIC/Passport Number	G2241510M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 that I have provided to or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to any person who has insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agencies, 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 expenses 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, with or without the 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.

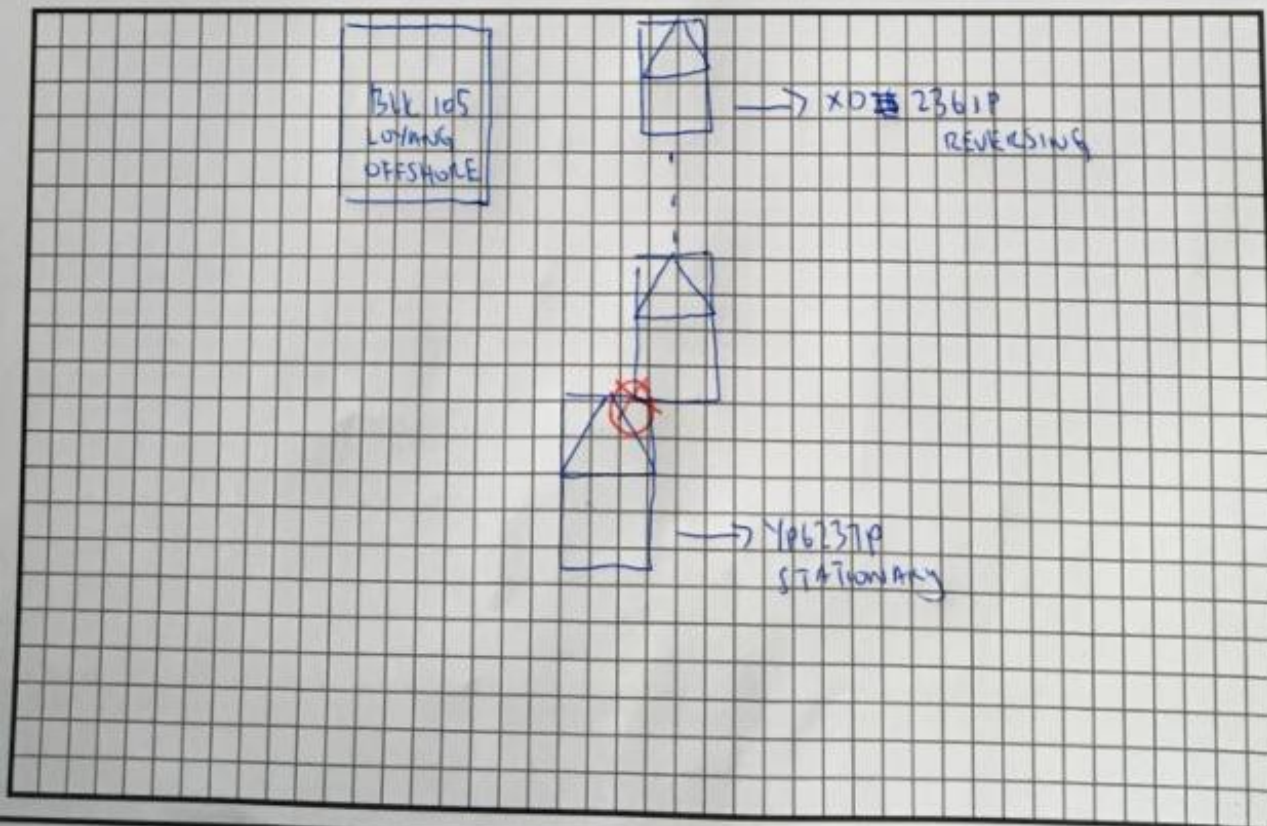
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

My lorry (YP6237P) was stationary in Loyang offshore block 105 yard, when a lorry (XD2361P) reversed and hit onto me. The rear left side of the lorry make contact with the front right side of the lorry. No injuries involved.

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

10 October 2018 at 4:31 PM

Date/Time:

10 October 2018 at 4:31 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9446762D**




Name
MOSES S/O N CHANDRA SEKARAN
சு மோசஸ்
Race
INDIAN
Date of birth
20-12-1994
Country/Place of birth
SINGAPORE

Sex
M

S9446762D

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9446762D**
Name:
MOSES S/O N CHANDRA SEKARAN

Birth Date: **20 Dec 1994**
Issue Date: **29 Apr 2014**



 **002299983K**

Identification Card

5264107



NRIC No. **S9446762D**



Date of Issue
14-01-2014

Address
**APT BLK 987A BUANGKOK GREEN
#02-11
SINGAPORE 531987**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

		EFFECTIVE DATE
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	29 Apr 2014
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	28 Dec 2017

S / No. 9000276877

NP 428A

Licence No: S9446762D

