

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	16/10/2018 13:06
Date Of Accident	15/10/2018 22:40
Exact Location Of Accident	ALONG AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4934D
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	FIAT
Model	DOBLO CARGO MAXI-1.6 D MTJ AMT GLAZE (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	SITI AISHA BINTE ZAINAL
NRIC No	S8933493D
Date Of Birth	12/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-84955244
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 805 KING GEORGE'S AVENUE #08-196
Postcode	200805
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	CHAIN COLLISION
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?	YES
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)	2
Passenger 1	NAME: : NUR HAYATI BINTE MOHAMED KHALID
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20181016/2014

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	SH9360J
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	SIM MUI NGUAN
NRIC/Passport Number	S1253313F
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRONT AND REAR PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SDY488Y

Vehicle Make/Model/Colour

KIA / FORTE / RED

Details Of Properties

VEH C

Vehicle Category

PRIVATE CAR

Name of Driver

CHOO WEE KEAT

NRIC/Passport Number

S8836217I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT AND REAR PORTION

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKM9323K

Vehicle Make/Model/Colour

MERCEDES

Details Of Properties

VEH D

Vehicle Category

PRIVATE CAR

Name of Driver

ABDUL KADIR BIN ABDUL HAMID

NRIC/Passport Number

S1541864H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT PORTION

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

SITI AISHA BINTE ZAINAL

Approximate Age

Injuries Sustain

BACK PAIN

Injured person in which vehicle?

GBE4934D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

(DRIVER)

Postcode

DETAILS OF INJURED PERSON 2

Name

NUR HAYATI BINTE MOHAMED KHALID

Approximate Age

Injuries Sustain

BACK PAIN

Injured person in which vehicle?

GBE4934D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address
Postcode

(PASSENGER)

SKETCH PLAN**IMPORTANT NOTICE**

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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: 08/4/2011



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

Sketch Plan #2

SKETCH PLAN

Accident Location

Veh A Gdl 44430

B 51 95653

C 527 4584

D 511 95238

→ | D | | C | | B | | A |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20181016/2014

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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



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

LAOUMI NORTHERN

Police Report



**SINGAPORE
POLICE FORCE**



T/20181016/2014

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Report No. T/20181016/2014

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No. 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2018 05:22	Vide Report No.: P/20181015/0059	Station Diary No.: 33
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Informant's Particulars

Name of Informant: SITI AISHA BINTE ZAINAL		Address: APT BLK 805 KING GEORGE'S AVENUE #08-196 SINGAPORE 200805	
ID Type / ID No.: NRIC NO / S8933493D		Contact No.: Home/Office: Mobile: 84955244	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 29	Date of Birth: 12/09/1989	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Delivery Driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/10/2018 22:40	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD Airport Boulevard towards Terminal 1 Lamp Post Number: 101				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume Light	
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
GBE4934D	Van				Slightly Damaged	2

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181016/2014

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Police Station Of Origin:
Rochor N.P.C.
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No: T/20181016/2014

CONTINUATION OF REPORT

Driver			
Name	SITI AISHA BINTE ZAINAL	ID No	S8933493D
Related Vehicle	GBE4934D (Van)	Contact No	84955244
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details

On the 15/10/2018 at about 22 39pm while I was driving my vehicle bearing the registration number GBE4934D along Lane 2 of Airport Boulevard towards Terminal 1, I started to slow down as I am able to see there was a massive long queue of taxis at the said place. As such I stopped my vehicle waiting to signal of changing of lane when suddenly a ComfortDelgro taxi bearing the registration number SH9360J had hit the rear of vehicle causing my passenger and I bounced to the dashboard and the seat. Due to that, both of us sustained pain on our back. While we were still inside the vehicle, another vehicle bearing the registration number SDY488Y had hit the rear of the taxi and causing the taxi to hit the rear of my vehicle once again. Due to that, my passenger and I bounced to dashboard and the seat causing another back. While we were trying to calm ourselves due to accident and pain. One vehicle bearing the registration SKM9323K had hit the rear of SDY488Y causing it to hit the taxi and the taxi to hit the rear of my vehicle. The same impact of the accident occurred to my passenger and I. Both police and ambulance were activated. Both my passenger and I felt pain on the back of our body. As such, we decided to seek medical treatment at the nearby hospital. I was given 2 days MC while my passenger (Nur Hayati Binte Mohamed Khalid S9315131C) was given 4 days MC. After the discharged from Changi General Hospital, we came to the police station to lodge the accident report.

I wish to add that the rear of my vehicle was slightly damaged with dents and scratches.

Police Report



SINGAPORE
POLICE FORCE



T/20181016/2014

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Report No. T/20181016/2014

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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:

A /
Staff Sgt NORHAYATI BINTE ABDUL SAMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/10/2018 05:22

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433 - 65470000

Classification Of Case:

Authentication Stamp
NP168

Police Force