

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	29/10/2018 21:28
Date Of Accident	18/10/2018 22:30
Exact Location Of Accident	OPEN CARPARK OF BLK 57 NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8083Y
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	TOYOTA
Model	HIACE-3.0 D DX (A)
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	MOHAMMAD FARHAN BIN MOH MUSTAFA
NRIC No	S8115335C
Date Of Birth	01/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87768480
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 180C MARSILING ROAD #04-2250
Postcode	733180
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	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : NOT APPLICABLE
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20181019/2183 :- ON 18/10/2018 AT AROUND 2231HRS, I WAS DRIVING ALONG THE OPEN SPACE CARPARK OF BLK 57 NEW UPPER CHANGI ROAD. THE WEATHER WAS CLEAR AND THE ROAD SURFACE WAS DRY. I HAD ONE PASSENGER AT THAT POINT OF TIME. WHILE DRIVING TOWARDS THE EXIT OF THE CARPARK, THERE WAS A LORRY (GY8632J) THAT REVERSED OUT FROM THE PARKING LOT ABRUPTLY. I DID HONKED AT THE DRIVER HOWEVER THE VEHICLE WAS MOVING OUT TOO FAST AND I COULD NOT AVOID COLLIDING WITH THE LORRY. THE REAR OF THE LORRY HIT ONTO THE LEFT PASSENGER SIDE OF MY VAN. NO ONE WAS INJURED DURING THAT POINT OF TIME. BOTH VEHICLES SUFFERED DAMAGES FROM THE ACCIDENT. NO TRAFFIC POLICE OR AMBULANCE ATTENDED TO THE SCENE. I AM NOT SURE IF THERE ARE ANY CAMERA AT THE SAID OPEN SPACE CARPARK. THE LEFT PASSENGER DOOR OF MY VEHICLE IS DENTED DUE TO THE ACCIDENT. THE LEFT SIDE VIEW MIRROR WAS DAMAGED FROM THE INCIDENT. WHEN I WAS PARKING MY VEHICLE, THE REAR OF MY VEHICLE WAS DAMAGED AS I DID NOT HAVE ANY LEFT SIDE MIRROR TO AID ME WHILE PARKING WHICH RESULTED IN THE ACCIDENT. THIS INCIDENT HAPPENED WHILE I WAS PARKING MY VAN AT MY PLACE OF RESIDENCE.

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	GY8632J
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Vehicle Make/Model/Colour	TOYOTA / DYNA
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM KIM HOCK
NRIC/Passport Number	S1226187Z
Contact Number	81838516
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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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 upon application by interested parties.
7. By the lodgment 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.
- (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:

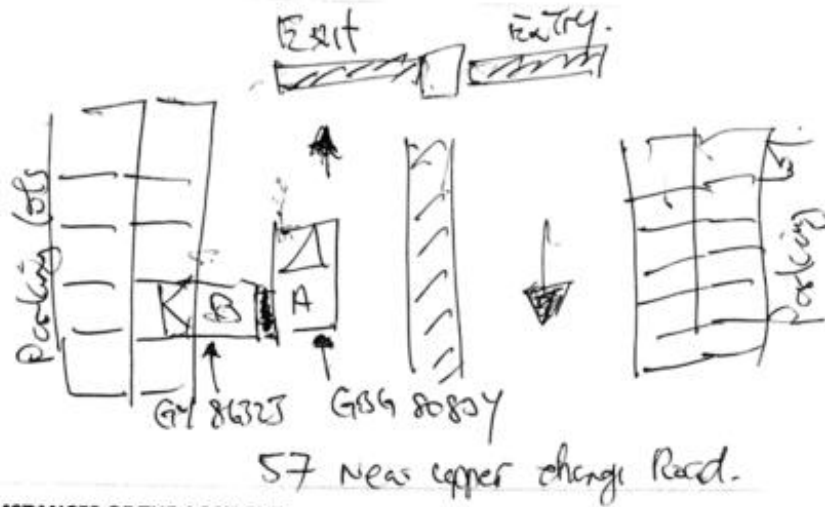
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/10/2017 @ 2231 hrs, I was driving my vehicle GBG 8083Y going to exit the carpark, suddenly the third party vehicle GY 8632J reversed from his parking lot in a fast speed and hit against my left hand side body.

[Signature]

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181019/2183

1 of 3

Police Station Of Origin
Pasir Ris N P C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No. 1800-5852999

Report No. T/20181019/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 19/10/2018 19 58	Vide Report No	Station Diary No 118
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Informant's Particulars

Name of Informant MOHAMMAD FARHAN BIN MOH MUSTAFA			Address APT BLK 180C MARSILING ROAD #04-2250 SINGAPORE 733180	
ID Type / ID No NRIC NO / S8115335C			Contact No Home/Office Mobile 87768480	
Nationality SINGAPORE CITIZEN			Email	
Sex Male	Age 37	Date of Birth 01/06/1981	Type of Informant Driver	
Race Indian			Language English	Institution / School Name
Occupation DELIVERY DRIVER			Driving Licence Information Class 3A Date of Expiry	

General information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident 18/10/2018 22.30	Type of Location Car Park
Location: Along Road 1 NEW UPPER CHANGI ROAD				
57 New Upper Changi Road Open Space Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG8083Y	Van				Slightly Damaged	1
GY8632J	Lorry				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/2018/019/2183

Police Station Of Origin:

Pasir Ris N P C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No. 1800-5852999

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Report No. T/2018/019/2183

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD FARHAN BIN MOH MUSTAFA	ID No.	S8115335C
Related Vehicle	GBG8063Y (Van)	Contact No.	87768480
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM KIM HOCK	ID No.	S1226187Z
Related Vehicle	GY8632J (Lorry)	Contact No.	81838515
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 18/10/2018 at around 2231hrs, I was driving along the open space carpark at Blk 57 New Upper Changi Road. The weather was clear and the road surface was dry. I had one passenger at that point of time. While driving towards the exit of the carpark, there was a lorry(GY8632J) that reversed out from the parking lot abruptly.

I did honked at the driver however the vehicle was moving out too fast and I could not avoid colliding with the lorry. The rear of the lorry hit onto the left passenger side of my van. No one was injured during that point of time. Both vehicles suffered damages from the accident. No traffic police or ambulance attended to the scene. I am not sure if there are any cameras at the said open space carpark. The left passenger door of my vehicle is dented due to the accident. The left side view mirror was damaged from the incident.

When I was parking my vehicle, the rear of my vehicle was damaged as I did not have any left side mirror to aid me while parking which resulted in the accident. This incident happened while I was parking my van at my place of residence.

Police Report



SINGAPORE
POLICE FORCE



T22/181019/2183

Police Station Of Origin
Pasir Ris N P C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No 1800-5852999

2 of 3

Report No T22/181019/2183

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 G / Staff Sgt MOHAMAD ADHA BIN MOHAMAD ADAM	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time 19/10/2018 19:58
Officer In Charge Of Case TP / GIA / Staff Sgt WONG SIEU LUI Contact No 65476151	Classification Of Case
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



CLASS 3A ~ 3 MAY 2017