

## 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 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	16/08/2016 14:09
Date Of Accident	15/08/2016 18:30
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5684T
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### Insured/Policyholder

Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	IsaacNgCL@goldbellcorp.com
Mobile Phone No	
Alternative Phone No	Office-64942897

### 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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12O39930MFCV
Cover Note Number	NA

### Driver

Name of Driver	ERLANT BASIRON
NRIC No	S6918352B
Date Of Birth	30/05/1969
Occupation	Outdoor
Date Of Driving Pass	27/10/1992
Driving Experience	23 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-93879865
Fax Number	
Contact Number	
EEmail Address	ebas@viking-life.com

Address  
 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 (TP Hit Insured)  
 Weather Conditions Clear  
 Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? No  
 Was any other material or property damaged? Yes  
 Was there any video captured by Car Camera? 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 GBE5684T was travelling along PIE/Jurong & that moment traffic was heavy/slow moving. While my lorry GBE5684T was at stationary position, car SGL7502B hit onto rear of my GBE5684T. No injuries involve. That is all.  
 Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGL7502B  
 Vehicle Make/Model/Colour MERCEDES BENZ/DARK  
 Details Of Properties  
 Name of Driver NIEH DUNG WEI\_  
 NRIC/Passport Number S2607075I  
 Contact Number 98344228  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 1

#### Details of Witness

Name  
 Phone Number  
 Email Address

## 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 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.

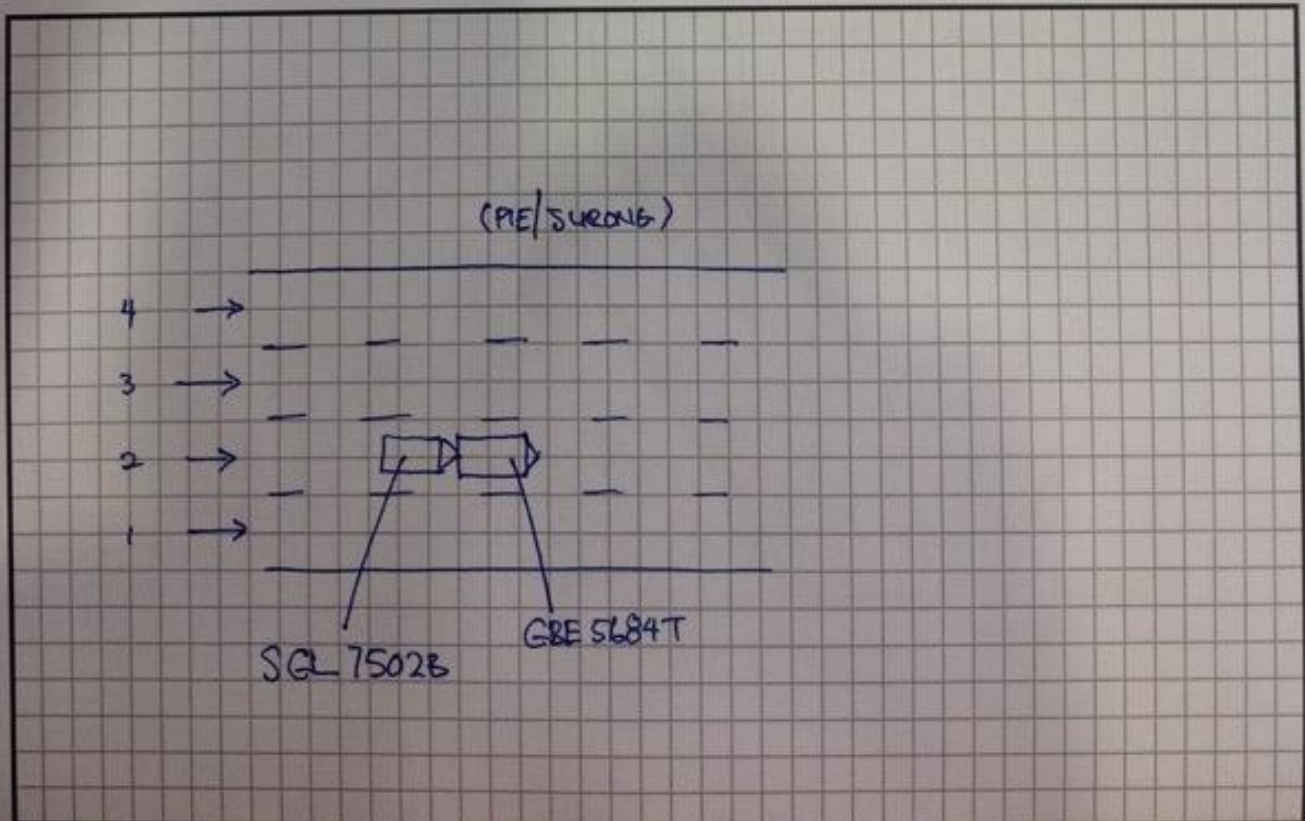
Policyholder's Signature / Date & Time

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

**VERIFIED BY OFFICER  
FADZLY S8032410C**

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



ACCIDENT STATEMENT (2000 characters)

My lorry GBE5684T was travelling along PIE/Jurong & that moment traffic was heavy/slow moving. While my lorry GBE5684T was at stationary position, car SGL7502B hit onto rear of my GBE5684T. No injuries involve. That is all.

Taxi Voucher No.:

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

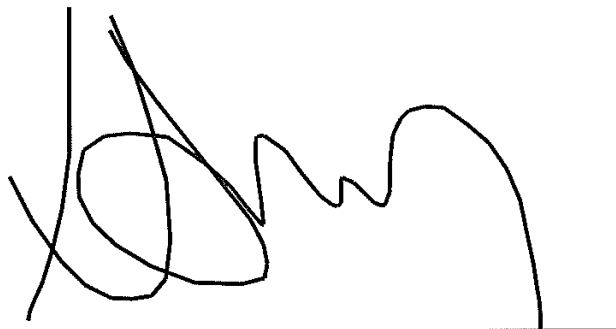
No, Claim 3rd party

DECLARATION

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

VERIFIED BY MARS OFFICER - MOHD FADZLY ISMAIL, S8032410C

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

16 August 2016 11:15 am

Date/Time:

16 August 2016 11:16 am

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6918352B



Name

ERLANT BASIRON

إيرلانت بميرون

Race

MALAY

Date of birth

30-05-1969

Sex

M

Country of birth

SINGAPORE



Identification Card



Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S6918352B**

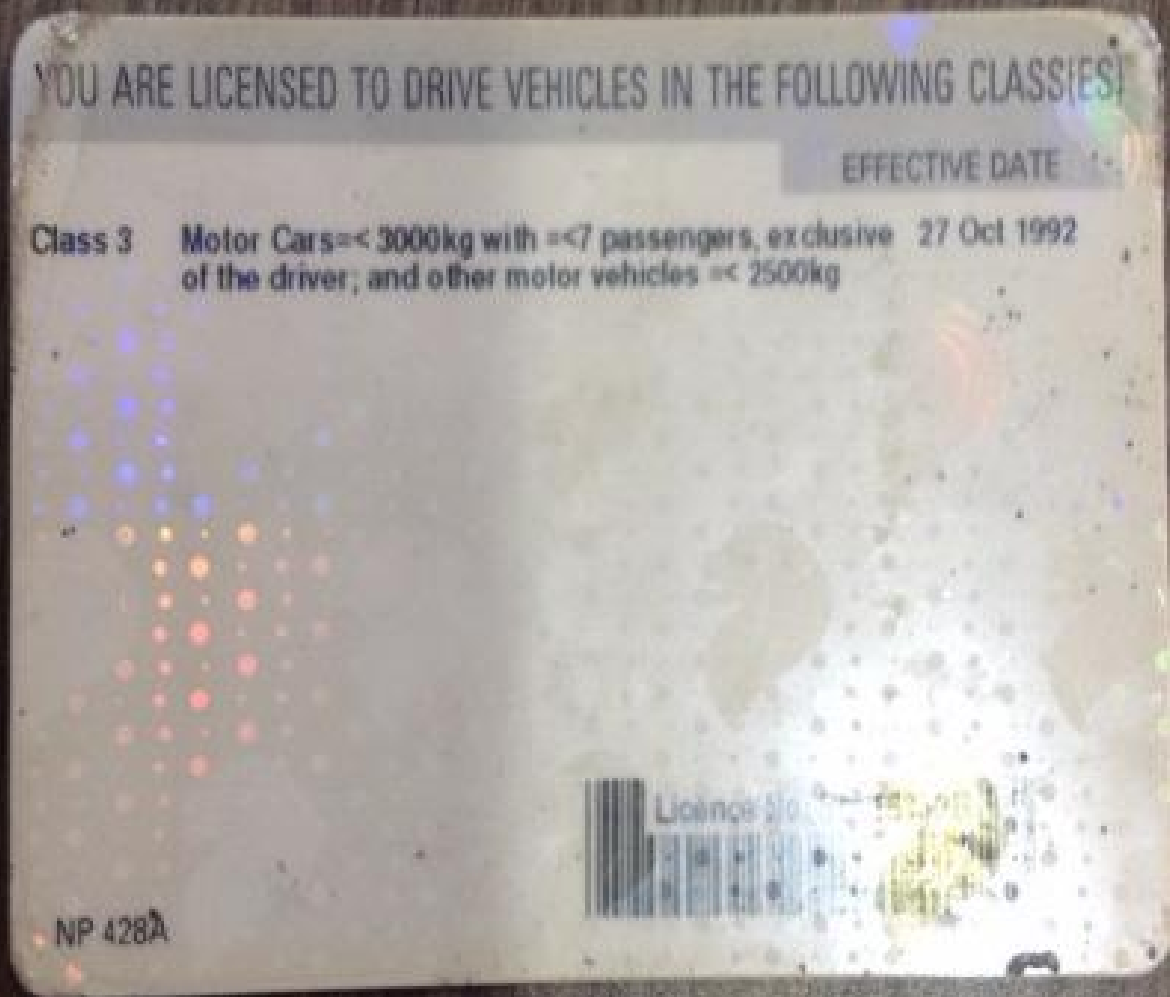
Name: **ERLANT BASIRON**

Birth Date: **30 May 1969**

Issue Date: **18 Aug 2012**

002097336G







GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE :** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBHH16100588 Vehicle Registration No : GBE 5684T  
Name(as shown in NRIC): Erant Basiron  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
NRIC/Passport No : S6918352B  
Address : -  
Contact (Tel) : - (H/P) : -  
(Email) : -  
Date of Accident : 15/08/2016 Time of Accident : 18:20  
Place of Accident : PIE Towards Jurong  
Insurance Company : First Capital Insurance Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amended policy holder / Email Address / Contact / Relationships..

VERIFIED BY  
MARS E I  
EI N HAI  
A15000293

Signature of Vehicle Owner / Driver

Date: 16 AUG 2016