

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	29/11/2018 22:10
Date Of Accident	29/11/2018 18:55
Exact Location Of Accident	ALONG SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP2246P
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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	MITSUBISHI
Model	FUSO FIGHTER-7.5 D FK62 SERIES (FK62FMZ1RDEB) (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	29090793
Cover Note Number	

Driver

Name of Driver	BRYAN CHANG YI HSIEN
NRIC No	S9390182G
Date Of Birth	20/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96323712
Fax Number	
Contact Number	
EEmail Address	VADER@VINZLOGISTICS.COM

Address	BLK 648 WOODLANDS RING ROAD #11-54
Postcode	730648
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

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)	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

ON 29/11/18 AT ABOUT 1855HRS, I AM EXITING TO EXIT WOODLANDS AVENUE 12. TRAFFIC IS HEAVY. A CAR ENTERING EXPRESSWAY AND I GAVE WAY TO 1 CAR BUT SJG8447L IS TAILGATING A CAR WHICH I GAVE WAY TO. I DIDN'T NOTICE AND HE HIT MY LEFT SIDE OF MY VEHICLE WHEN I HEARD THE SOUND IT WAS TOO LATE AND MY STEERING TURN TOWARDS TO THE LEFT AS I WAS LOOKING TO MY LEFT SIDE MIRROR.

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	SJG8447L
Vehicle Make/Model/Colour	HONDA / WHITE
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD SYAFFIE BIN ABDUL RAHMAN
NRIC/Passport Number	S7802100D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT SIDE BODY
No. Of Passenger (Including Driver)	1

Sketch Plan

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 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

CTE/TPE

SKETCH PLAN

Veh A: YP2246P

Veh B: SS4 8447L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/11/18 @ about 1:30pm, I was exiting woodland ave 12
 traffic is heavy car entering expressway and i gave way to 1 car but
 SS4 8447L is tailgating a car which i gave way to. I didn't
 notice and he hit my left side of my vehicle when i hear the
 sound it was too late and my steering turn towards to the left as
 I was looking to my left side mirror.

DECLARATION

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



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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



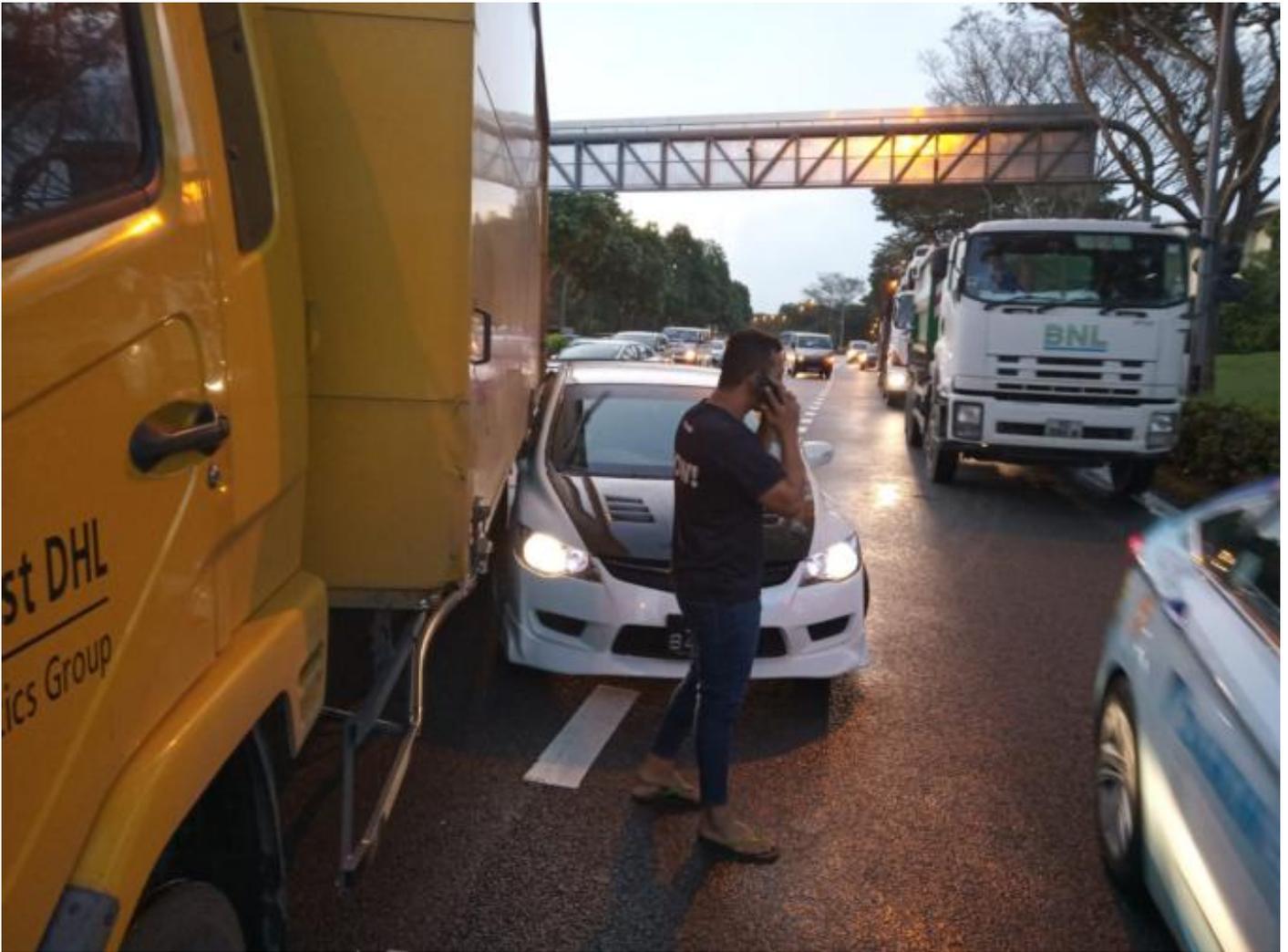
Accident Photo



Accident Photo



Accident Photo



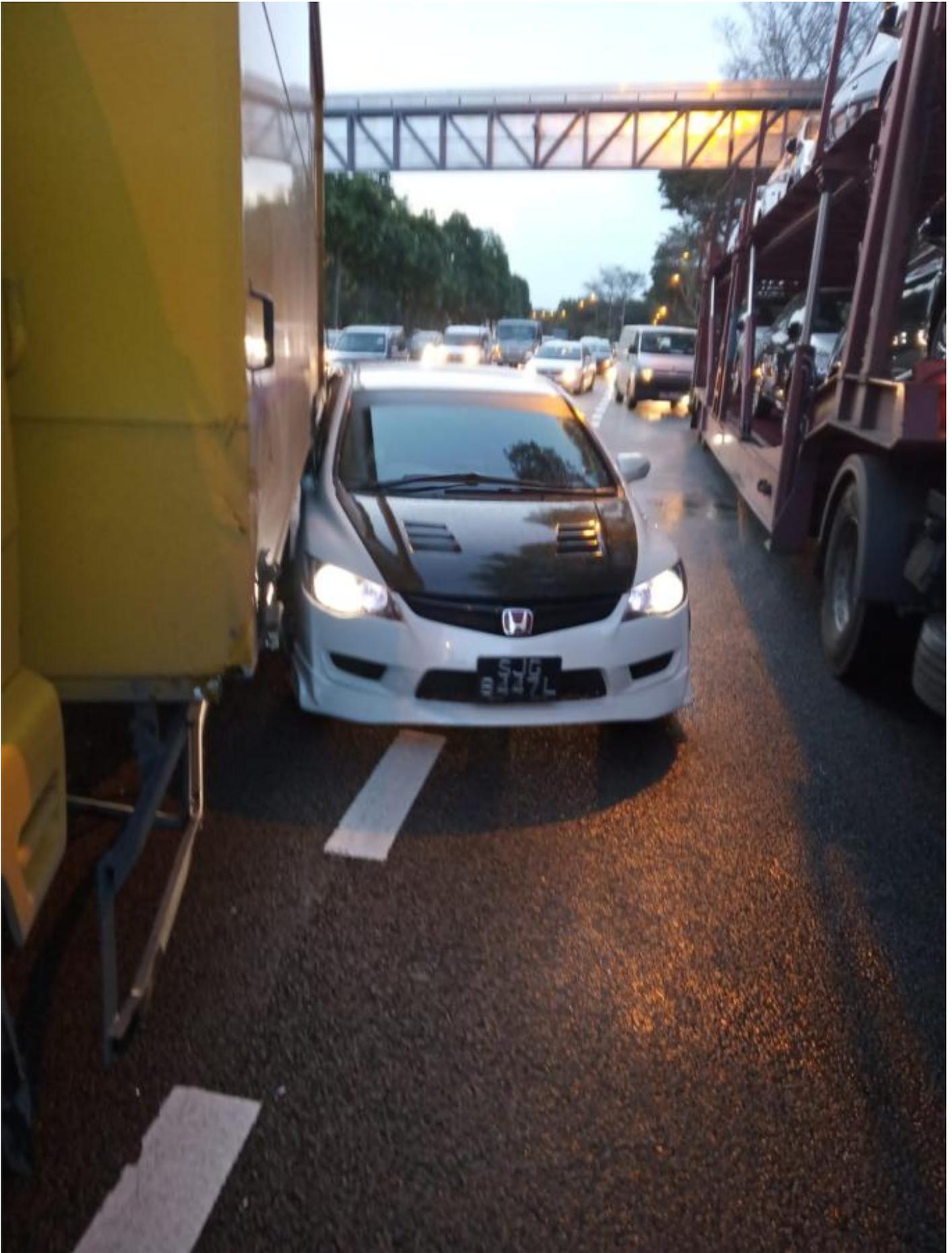
Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9390182G**

Name: **BRYAN CHANG YI HSIEN
ZENG YIXIAN**

Birth Date: **20 Aug 1993**
Issue Date: **15 Jun 2015**

002439411F




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

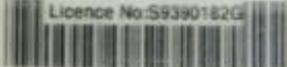
Class	Description	EFFECTIVE DATE
C Class 1	Motor cars <= 2000 kg with <= 7 passengers, <= 1000 kg of the driver, and motor tractor/tricycles <= 2500 kg	15 Jun 2015
C Class 4	Heavy motor cars and motor tractors <= 2500 kg	17 Jun 2015
C Class 5	Motor vehicles > 1200 kg and/or designed to carry > 800 kg	01 Feb 2017

NP 425A

SGINEK3C

S / No. 9000256521

License No: S9390182G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9390182G**



Name: **BRYAN CHANG YI HSIEN
(ZENG YIXIAN)**
曾喬翔

Race: **CHINESE**

Date of birth: **20-08-1993** Sex: **M**

Country of birth: **INDONESIA**

S9390182G



4269777



NRIC No. **S9390182G**



Date of issue: **26-08-2008**

Address: **APT BLK 648 WOODLANDS RING ROAD
#11-54
SINGAPORE 730648**

CLASS 4 ~ 15 JUN 2015

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS00206 / GST Reg. No.: M400017735

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 : _____ Vehicle Registration No: YP 2246P
Name(as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 29.11.2018 Time of Accident : 1855 HRS
Place of Accident : _____
Insurance Company: _____

(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:

To amend action taken to "Third Party"



Policyholder / Driver's Signature
Date:



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