

## 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	11/11/2018 13:09
Date Of Accident	10/11/2018 13:55
Exact Location Of Accident	BAYFRONT AVENUE TOWARDS MARINA BAY SANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6451L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942897

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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	D-18090757MFCV
Cover Note Number	N.A

### Driver

Name of Driver	MOHAMAD SHAFIEE BIN MAZLAN
NRIC No	S9808220D
Date Of Birth	05/03/1998
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84223730
Fax Number	
Contact Number	
Email Address	SANSHAFIEE93@GMAIL.COM

Address	NIL
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
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)	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

Approaching traffic junction along Bayfront Ave, I slowed down my vehicle to a stop when car SKX10P from behind collided onto the rear of my vehicle. No damages to my vehicle. One of the passenger informed me that her daughter had slight injury around her nose.

#### 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	SKX10P
Vehicle Make/Model/Colour	MAZDA BIANTE 5-DOOR WAGON 2.0L
Details Of Properties	NIL
Vehicle Category	PRIVATE CAR
Name of Driver	IVAN
NRIC/Passport Number	
Contact Number	96232668
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

Passenger 1	NAME: : PASSENGER 1
	GENDER: : MALE
Passenger 2	NAME: : PASSENGER 2
	GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER 3
	GENDER: : FEMALE
Passenger 4	NAME: : PASSENGER 4
	GENDER: : FEMALE

#### DETAILS OF INJURED PERSON 1

Name	PASSENGER (DAUGHTER)
Approximate Age	
Injuries Sustain	SLIGHT INJURY AROUND THE NOSE
Injured person in which vehicle?	SKX10P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### 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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

Muhammad Faizal

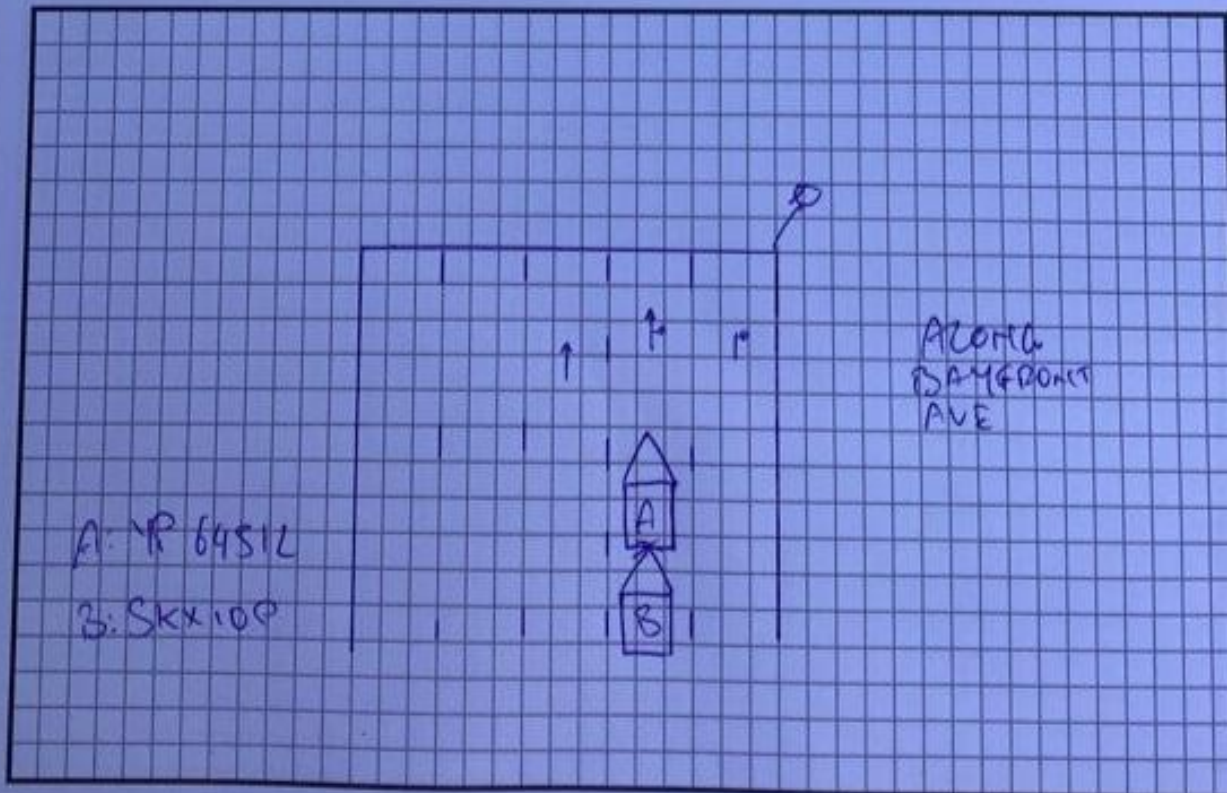
Bin Pabila

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)**

Approaching traffic junction along Bayfront Ave, i slowed down my vehicle to a stop when car SKX10P from behind collided onto the rear of my vehicle. No damages to my vehicle. One of the passenger informed me that her daughter had slight injury around her nose.

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 -  
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 November 2018 at 9:55 AM

Date/Time:

11 November 2018 at 9:55 AM

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





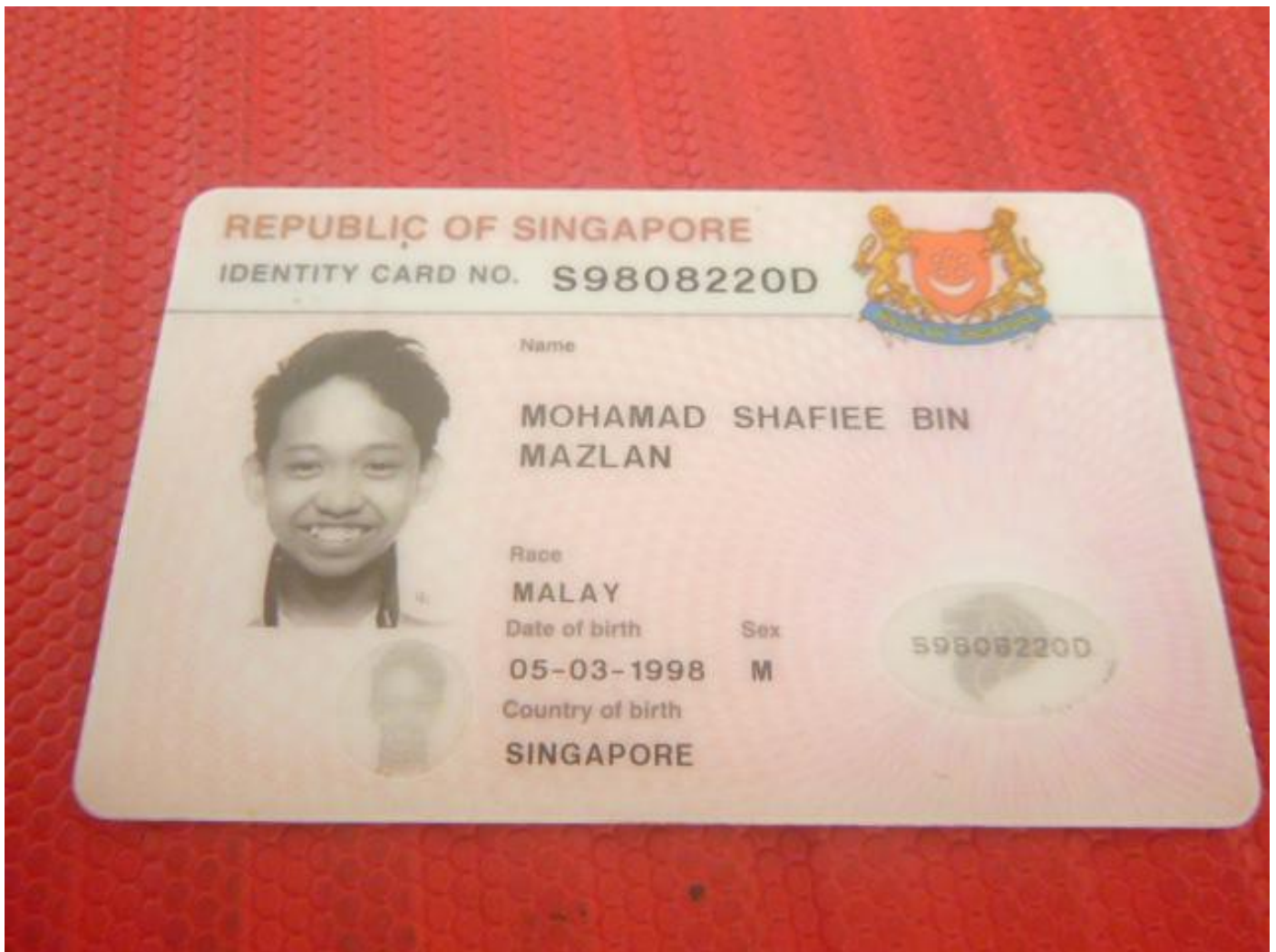
Driving License



## Driving License



Identification Card



Identification Card

