

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	04/01/2019 12:01
Date Of Accident	03/01/2019 18:55
Exact Location Of Accident	AIRPORT RD FILTER TO EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2530P
Insured/Policyholder	
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	FIAT
Model	FIAT DOBLO CARGO 1.9MJTD
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	

Driver

Name of Driver	OH SIN YEE
NRIC No	S8112613E
Date Of Birth	06/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	28/07/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98718661
Fax Number	
Contact Number	
Email Address	OHSY81@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 (including own vehicle) involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	YISHUN NORTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT NO : T/20190103/2155 LODGED AT YISHUN NORTH NPC. ON 03/01/2019 AT 1855HRS, I WAS DRIVING MY VAN, BEARING VEHICLE REGISTRATION NUMBER GBB2530P, ALONG AIRPORT ROAD AT THE FILTER LANE TOWARDS EUNOS LINK. I WAS THE FIRST VEHICLE TO ENTER THE FILTER LANE AND I STOPPED MY VEHICLE BEFORE THE GIVE WAY LINE TO CHECK FOR ONCOMING TRAFFIC. SUDDENLY, A VEHICLE, BEARING VEHICLE REGISTRATION NUMBER SLQ6839B, COLLIDED INTO MY VEHICLE REAR, AS A RESULT OF THE COLLISION, MY VEHICLE SUFFERED CRACK ON THE REAR REFLECTOR LIGHT, DAMAGES ON THE REAR BUMPER AND REAR DOOR. AFTER THE INCIDENT, I EXCHANGED PARTICULAR WITH THE OTHER VEHICLE'S DRIVER AND WE TOOK SOME PHOTOGRAPHS OF THE INCIDENT. DUE TO THE IMPACT, I DECIDED TO SEEK FOR MEDICAL ASSISTANCE AFTER THE INCIDENT AS I WAS FEELING STRAIN ON NECK AND BACK, AND THERE WAS A SWELLING ON THE TOP RIGHT OF MY HEAD. I WAS GIVEN 3 DAYS OF MC, STARTING FROM 04/01/2019.

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	SLQ6839B
Vehicle Make/Model/Colour	TOYOTA/ SIENTA HYBRID 1.5X CVT
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ONG LAI SENG (GRAB DRIVER)
NRIC/Passport Number	S1508859A
Contact Number	96248919

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name OH SIN YEE

Approximate Age

Injuries Sustain

Injured person in which vehicle? GBB2530P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
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 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.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) 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.
 - (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

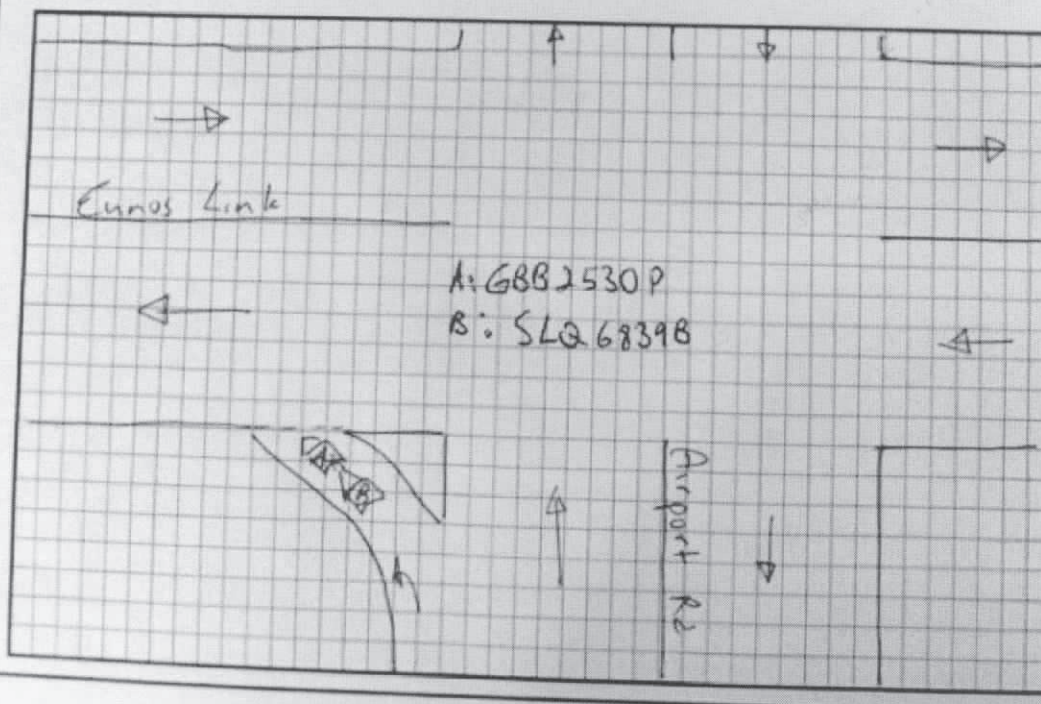
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190103/2155

Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 2

Report No: T/20190103/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2019 23:05
Vide Report No: Station Diary No: 169

Informant's Particulars

Name of Informant: OH SIN YEE
Address: APT BLK 212C COMPASSVALE DRIVE #12-105 SINGAPORE 543212
ID Type / ID No.:
NRIC NO / S8112613E
Contact No.:
Home/Office: Mobile: 98718561
Nationality: SINGAPORE CITIZEN
Email:
Sex: Female Age: 37 Date of Birth: 08/05/1981 Type of Informant: Driver
Race: Chinese Language: Institution / School Name:
Occupation: SENIOR ENGINEER Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2019 18:55	Type of Location: Bend
Location: Along Road 1 AIRPORT ROAD EUNOS LINK Airport road filter lane towards Eunus Link				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBB2530P	Van	FIAT	DOBLO CARGO 1.9M/JTD	White	Slightly Damaged	0
SLQ6839B	Car	TOYOTA	SIENTA HYBRID 1.5X CVT	Black	Slightly Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190103/2155

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3
Report No: T/20190103/2155

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OH SIN YEE	ID No.	S8112613E
Related Vehicle	GBB2530P (Van)	Contact No.	98718661
Hospital/Clinic	HS LEE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ONG LAI SENG	ID No.	S1508859A
Related Vehicle	SLQ6839B (Car)	Contact No.	96428919
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 03/01/2018 at 1855hrs, I was driving my van, bearing vehicle registration number GBB2530P, along Airport Road at the filter lane towards Eunos Link. I was the first vehicle to enter the filter lane and I stopped my vehicle before the give way line to check for oncoming traffic. Suddenly, a vehicle, bearing vehicle registration number SLQ6839B, collided into my vehicle rear. As a result of the collision, my vehicle suffered crack on the rear reflector light, damages on the rear bumper and rear door. After the incident, I exchanged particular with the other vehicle's driver and we took some photographs of the incident. Due to the impact, I decided to seek for medical assistance after the incident as I was feeling strain on neck and back, and there was a swelling on the top right of my head. I was given 3 days of MC, starting from 04/01/2019.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20190103/2155

3 of 3

Report No: T/20190103/2155

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:

L/
Sgt 2 LOW WEI DE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No: 65476404

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
03/01/2019 23:05

Classification Of Case:

SH 005

