

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	19/01/2019 11:57
Date Of Accident	18/01/2019 07:50
Exact Location Of Accident	ALONG BEDOK NORTH AVE 4 BEFORE CARPARK OF BLK 89
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5941G
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67094145

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER
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	ABDUL RAHIM BIN MOHAMED
NRIC No	S1389563E
Date Of Birth	17/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86723152
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : SALUHI BIN ROSLI GENDER: : MALE

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

I was driving along Bedok North Ave 4. I was in the left lane when car SLN6408C coming from the rear and over take my vehicle from the right side, turning into carpark of Blk 89 and its left rear side hit onto my vehicle front right side. Damages to my vehicle were on front right portion. My passenger went to the clinic and received 2 days MC.

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	SLN6408C
Vehicle Make/Model/Colour	PEUGEOT / ACTIVE PURETECH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PENG HONG
NRIC/Passport Number	S8243717G
Contact Number	98814446
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : P1

GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name

SALUHI BIN ROSLI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

YN5941G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
- (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

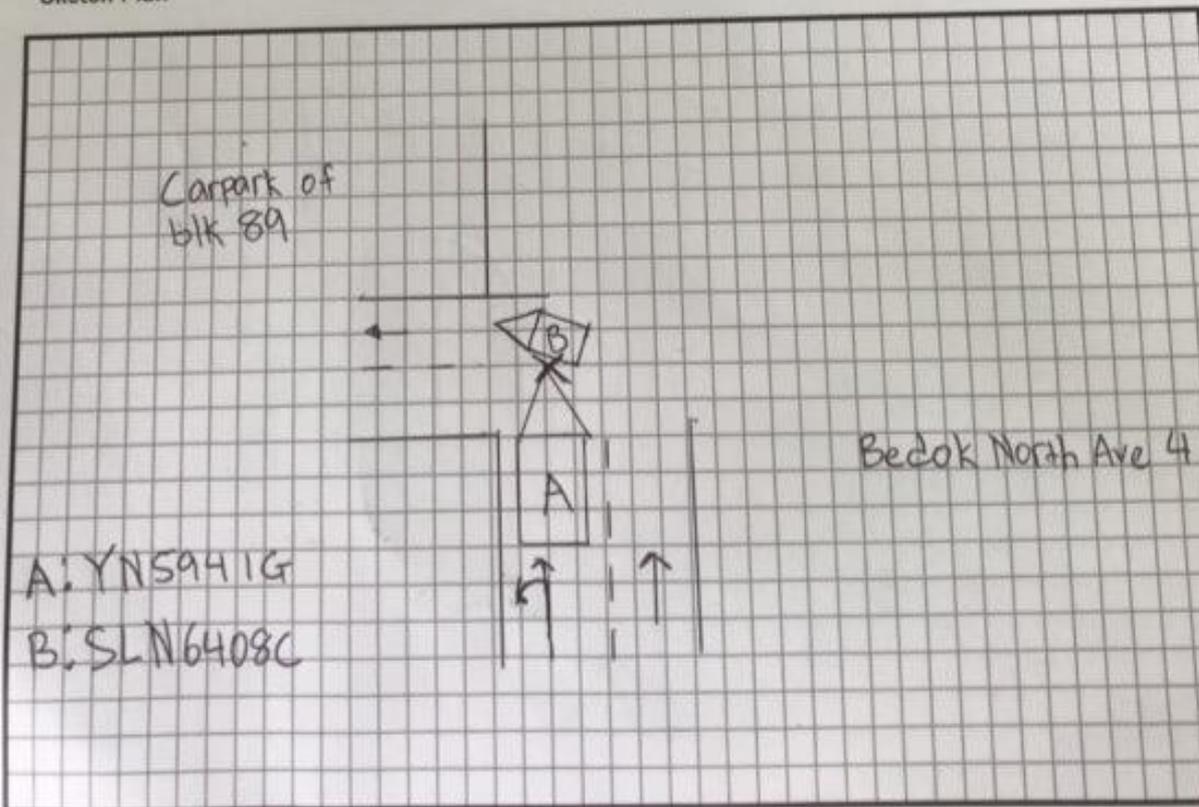
Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving along Bedok North Ave 4. I was in the left lane when car SLN6408C coming from the rear and over take my vehicle from the right side, turning into carpark of Blk 89 and its left rear side hit onto my vehicle front right side. Damages to my vehicle were on front right portion. My passenger went to the clinic and received 2 days MC.

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

18 January 2019 at 2:41 PM

Date/Time:

18 January 2019 at 2:41 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



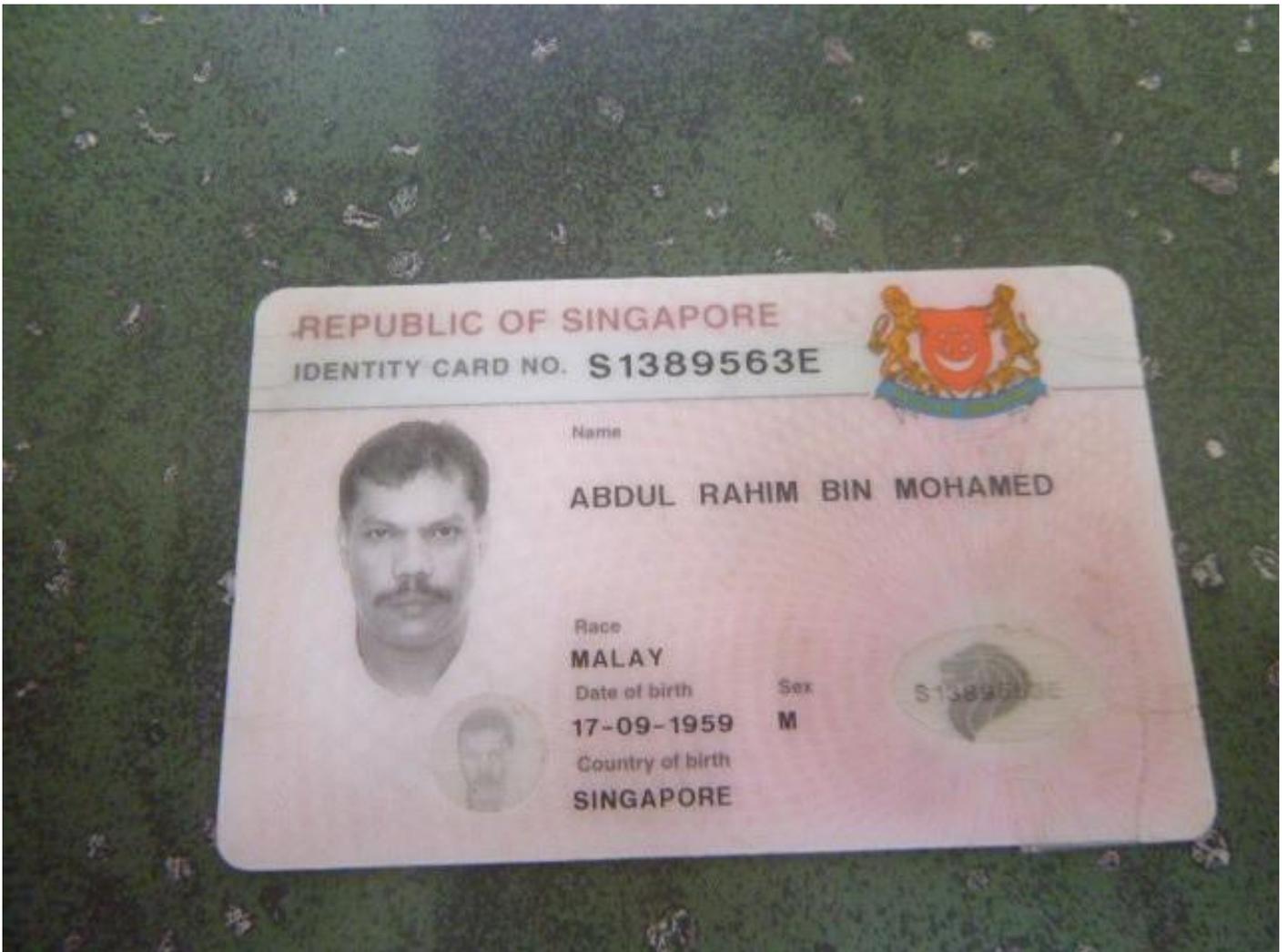
Accident Photo



Accident Photo



Identification Card



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1389563E



Name

ABDUL RAHIM BIN MOHAMED

Race

MALAY

Date of birth

17-09-1959

Sex

M

Country of birth

SINGAPORE



Identification Card



Driving License



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 2B	Motorcycles \leq 200 CC	10 Nov 1988
Class 2A	Motorcycles between 201 CC and 400 CC	10 Nov 1988
Class 2	Motorcycles > 400 CC	20 Nov 2007
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	21 Apr 1980
Class 4	Heavy motor cars and motor tractors > 2500 kg	28 Apr 1981
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	08 Jan 1986

S1389563E

S / No. 9000059949

Licence No. S1389563E



NP 428A

Addendum Sheet Pg. 1



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: S66SS0020G / 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 : MBHH19009074 Vehicle Registration No: YN5941G

Name(as shown in NRIC) : ABDUL RAHIM BIN MOHAMED NRIC/FIN/Passport No : S1389563E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 86723152

Email Address : _____

Date of Accident : 18/01/2019 Time of Accident : 07:50HRS

Place of Accident : ALONG BEDOK NORTH AVE 4 BEFORE CARPARK OF BLK 89

Insurance Company: MS 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:

Amend to third party claims

Policyholder / Driver's Signature
Date:

Meilin Chai
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 841119016058
Date: 21 Jan 2019