

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	06/02/2019 11:14
Date Of Accident	04/02/2019 13:10
Exact Location Of Accident	ALONG SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7308C
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	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (A)
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090757MFCV
Cover Note Number	

Driver

Name of Driver	MANI MARAN NARAYANASAMY
NRIC No	S6809726F
Date Of Birth	23/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2000
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81254614
Fax Number	
Contact Number	
Email Address	MDYAZID.OTHMAN@RENTOKIL-INITIAL.COM

Address	BLK 131 YISHUN ST 11 #04-233
Postcode	760131
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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : NOT APPLICABLE GENDER: : FEMALE

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 04/02/19 AT ABOUT 1:10PM, I WAS AT THE TRAFFIC LIGHT JUNCTION OF SEMBAWANG ROAD. THE TRAFFIC LIGHT WAS RED AT THAT TIME. SUDDENLY, I FELT AN IMPACT FROM THE REAR. MY VEHICLE WAS PUSHED FORWARD AND I KNOCKED INTO VEHICLE C. I ALIGHTED FROM MY VEHICLE TO CHECK. I REALIZED THAT IT WAS A CHAIN COLLISION INVOLVING A TOTAL OF 4 VEHICLES. MY VEHICLE'S REAR VIEW MIRROR DROPPED DUE TO THE IMPACT.

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	GBD7965A
Vehicle Make/Model/Colour	TOYOTA / DYNA / BLUE
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIU KANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage FRONT PORTION

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA5400L
Vehicle Make/Model/Colour MAZDA 6 / BLACK
Details Of Properties VEH C
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage FRONT AND REAR PORTION

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHB8824G
Vehicle Make/Model/Colour KIA / SILVER
Details Of Properties VEH D
Vehicle Category TAXI
Name of Driver CHERR SONG MENG
NRIC/Passport Number S1140806J
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage REAR PORTION

No. Of Passenger (Including Driver)

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:

Ge-hen

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

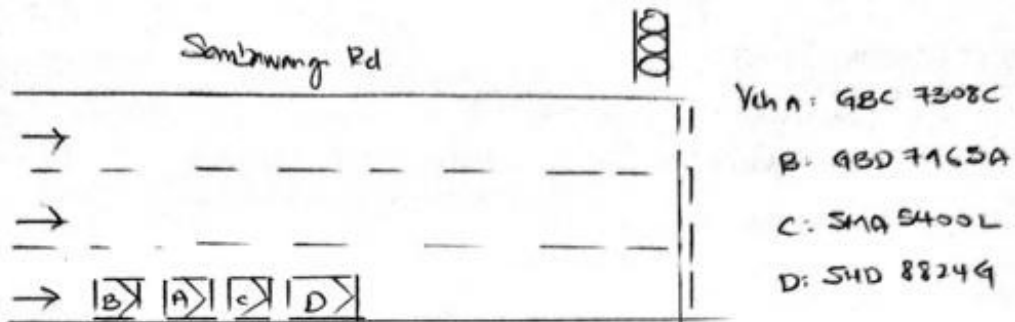
GBC 7309



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/2/19 At about 1:10pm, I was at the traffic light junction of Sembawang Rd. The traffic light was red at that time. Suddenly, I felt an impact from the rear. My vehicle was pushed forward and I knocked into veh C. I alighted from my vehicle ^{to} check. I realized that it was a chain collision involving a total of 4 vehicles. ~~It was~~
 My vehicle's rear view mirror dropped due to the impact.

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



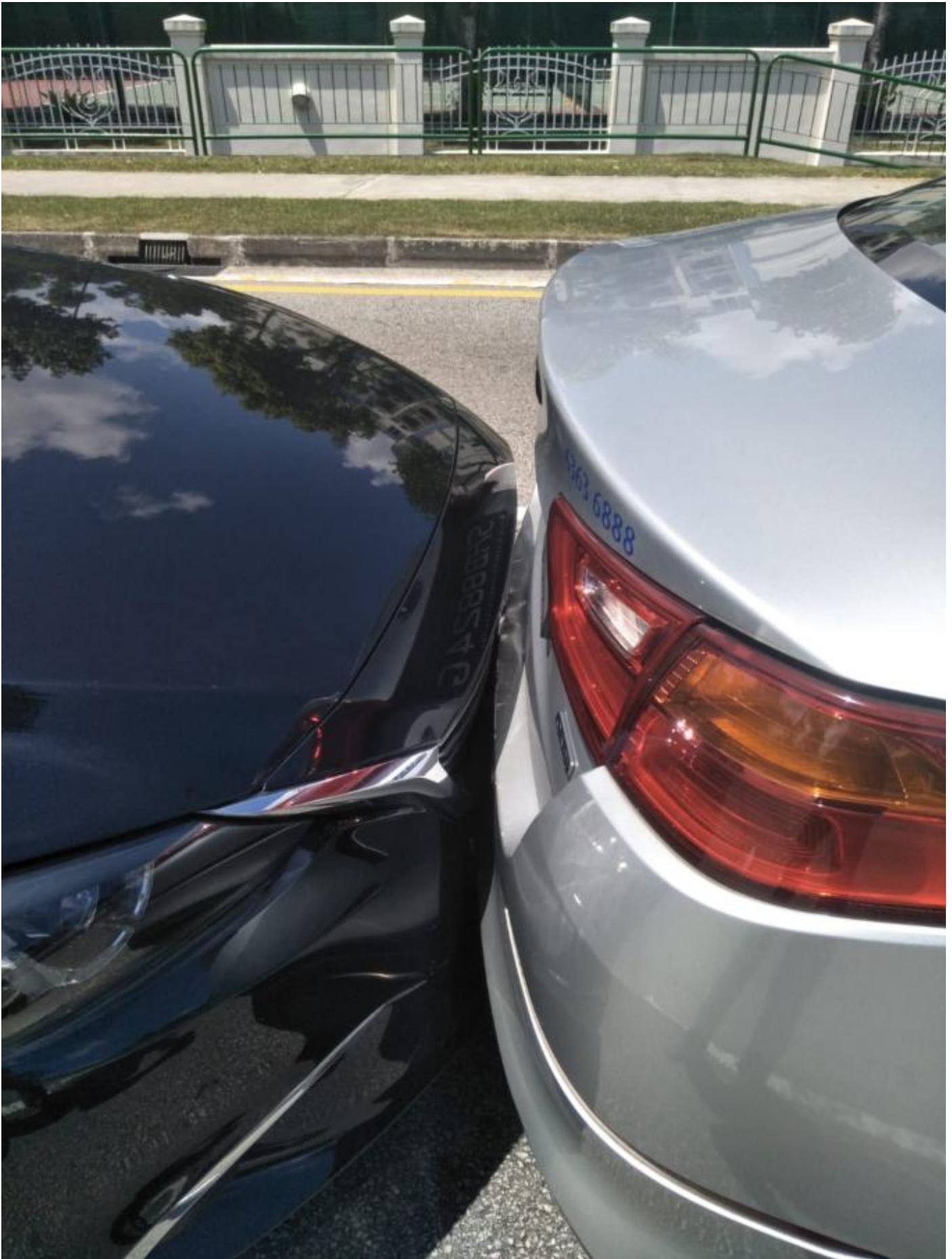
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE	
Licence Number: S6809726F	
Name: MANI MARAN NARAYANASAMY	
Birth Date: 23 Feb 1968	
Issue Date: 30 Sep 2003	
	

REPUBLIC OF SINGAPORE	
IDENTITY CARD NO. S6809726F	
	
Name: MANI MARAN NARAYANASAMY	
Race:	INDIAN
Date of Birth:	23-02-1968
Sex:	M
Country of Birth:	SINGAPORE
	
	
Blood Group:	B+
Date of issue:	14-03-1990
APT BLK 131 YISHUN STREET 11 #04-233	
SINGAPORE 760131	
NTBC No:	S6809726F
Date:	19-07-2002
No:	4036817

VEHICLES IN THE FOLLOWING CLASSES	
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg
S6809726F	
S / No. 9000024718	
Licence No: S6809726F	
	

CLASS 3 ~ 31 MAR 2000