

## 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 ability.
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 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	31/01/2017 22:53
Date Of Accident	24/01/2017 15:45
Exact Location Of Accident	UPPER CROSS ST (OUTSIDE BLK 32)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6242J
<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-64942833

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO SX JTD 1.6 MJ
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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-16085361MFCV
Cover Note Number	

### Driver

Name of Driver	DURGA D/O SUPPIAH
NRIC No	S9306142Z
Date Of Birth	08/02/1993
Occupation	Outdoor
Date Of Driving Pass	30/10/2013
Driving Experience	3 Years And 2 Months
Gender	Female
Mobile Number	(Local) +65-92293644
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 828 TAMPINES ST 81 #03-244
Postcode	520828
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	Damaged whilst parked
Weather Conditions	Clear
Road Surface	Wet

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	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

#### 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 MENTIONED DATE/TIME, I WAS WAITING IN MY PARKED VEHICLE OUTSIDE BLK 32 UPPER CROSS ST. MY ATTENDANT HAD WENT TO BLK 34 FOR DELIVERY. AS THE LOADING BAYS WERE FULL, I WAITED BY THE SIDE FOR MY ATTENDANT TO RETURN. WHILE WAITING, I FELT AN IMPACT AND SAW MY VEHICLE'S FRONT RIGHT MIRROR BEING PUSHED OUTWARDS AS VEHICLE WENT PAST. IMMEDIATELY I WENT AFTER VEHICLE B WHO DID NOT STOP UNTIL THE TAXI STAND WHERE HE ALIGHTED HIS PASSENGER. THE DRIVER OF VEHICLE B CLAIMED THAT HE HAD INDICATED FOR ME TO FOLLOW. SEVERAL WITNESSES HAD SHOUTED AFTER HIM WHEN HE CONTINUED DRIVING AFTER COLLIDING INTO MY VEHICLE. I THEN INFORMED HIM THE DAMAGES SUSTAINED TO MY VEHICLE. THE DRIVER OF VEHICLE B THEN WENT TO THE SITE AND PICKED UP THE DAMAGED MIRROR COVER AND HANDED IT TO ME. INITIALLY, HE WAS UNWILLING TO EXCHANGE PARTICULARS. EVENTUALLY AT MY PERSISTENCE, I MANAGED TO GET HIS PARTICULARS.

#### 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	SHC580G
Vehicle Make/Model/Colour	HYUNDAI / SONATA / YELLOW
Details Of Properties	VEH B
Name of Driver	LIM CHYE THIAM
NRIC/Passport Number	S0605475G
Contact Number	98739106
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name	
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Phone Number

Email Address

## 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

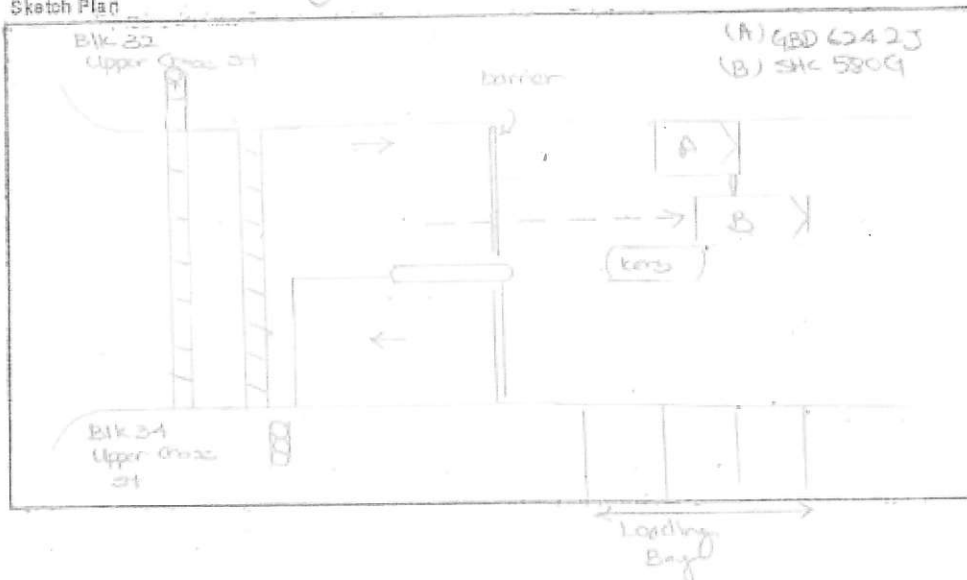


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Sketch Plan #2

Describe Circumstances of the Accident

REFER TO THE CIRCUMSTANCES OF ACCIDENT

### Declaration

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



Witnessed by Reporting Centre Personnel