

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	09/04/2019 16:38
Date Of Accident	03/04/2019 09:05
Exact Location Of Accident	ALONG CLUNY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7134X
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	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEB (CBU) (M)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29090793
Cover Note Number	

Driver

Name of Driver	ONG CHEE SENG
NRIC No	S1758233Z
Date Of Birth	07/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1984
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97212441
Fax Number	
Contact Number	
EEmail Address	KANG_FRANCIS@ANGLISS.COM.SG

Address	BLK 219 PETIR ROAD #11-315
Postcode	670219
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
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?	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)	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

ON 03/04/19 ABOUT 9:05AM, I WAS TRAVELLING ALONG TAMAN SERASI. BEFORE T-JUNCTION TO CLUNY ROAD, LIGHT WAS GREEN FOR ME AND I PROCEED OUT TO CLUNY ROAD. THE TRAFFIC TOWARDS HOLLAND WAS QUITE HEAVY AND FEW CARS ARE STOPPING INFRONT OF ME WAITING FOR TRAFFIC LIGHT TO TURN GREEN ON CLUNY ROAD. I STOPPED BEHIND WHICH IS IN THE YELLOW BOX BEFORE PEDESTRIAN CROSSING. WHEN THE VEHICLE IN FRONT STARTS TO MOVE, I FOLLOW AND SUDDENLY HEARD A LOUD BANG ON MY RIGHT. I LOOK AT MY MIRROR AND SAW VEHICLE B ON MY RIGHT. WE STOPPED BY THE SIDE. MY FRONT BUMPER AND DRIVER SIDE DOOR IS DAMAGE. I WOULD LIKE TO ADD THAT VEHICLE B IS NOT INFRONT OF ME WHEN I DRIVE OFF IN THE YELLOW BOX. THE LANE TOWARDS CLUNY ROAD TO HOLLAND HAS A CHEVRON MARKING BEFORE TURNING INTO 2 LANE.

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	SHC2233X
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	LOW YUN KEONG
NRIC/Passport Number	S7425100E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT LEFT SIDE PORTION

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (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:

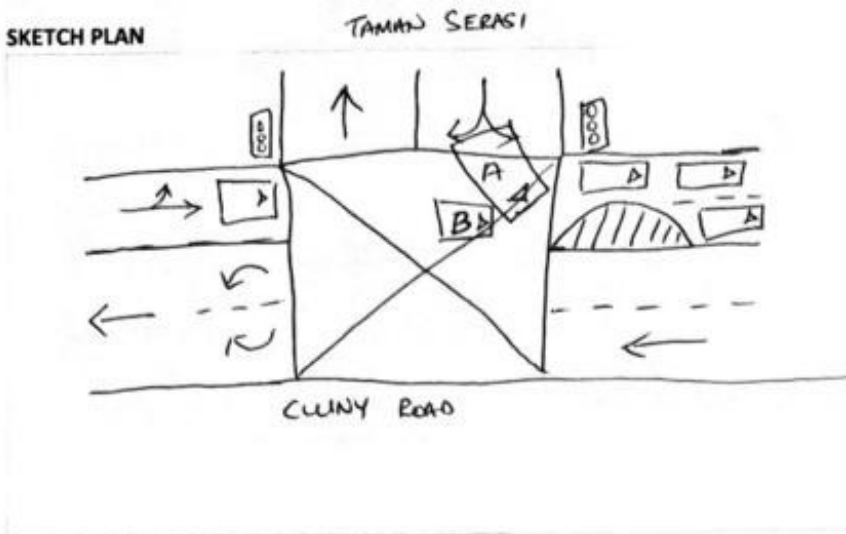
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



HOLLAND
 A YP 7134X
 B SHC 2233X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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[Signature]

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



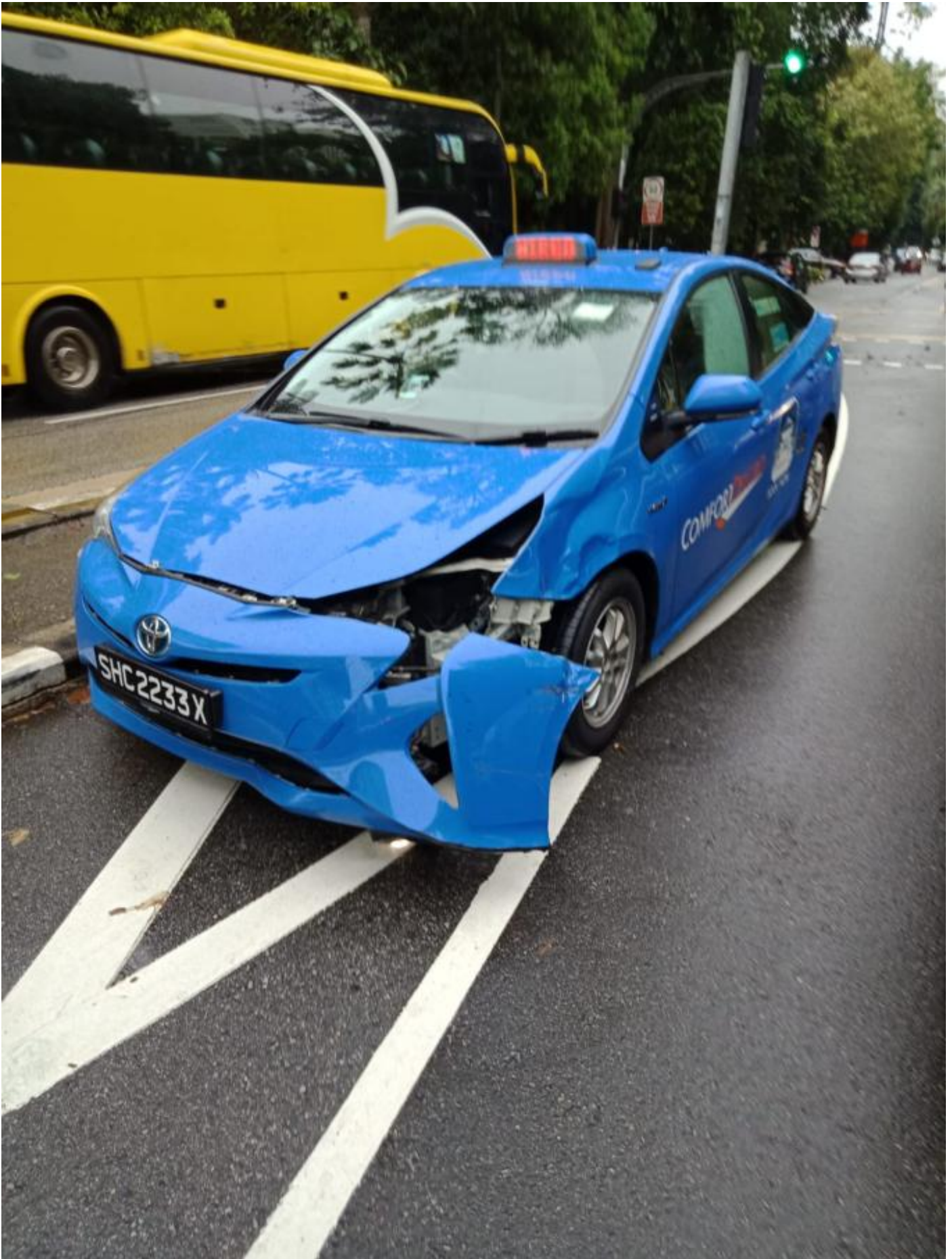
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1758233Z



Name
ONG CHEE SENG
王志成

CHINESE
Date of Birth: 07-06-1966
Country of Birth: SINGAPORE

Sex: M

HP
97212441



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1758233Z

Name: ONG CHEE SENG

Birth Date: 07 Jun 1966
Issue Date: 22 Apr 2003



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

VALID DATE: 31 May 1984



Licence No: S1758233Z

NP 428A



NRIC No: S1758233Z



Blood Group: A+
Date of issue: 30-07-1994

APT BLK 219 PETIR ROAD #11-315
SINGAPORE 670219
NRIC No: S1758233Z Date: 22-03-2000 No: 3708410

CLASS 3 ~ 31 MAY 1984