

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 21:28
Date Of Accident	09/04/2019 14:15
Exact Location Of Accident	ALONG GREENWICH DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD171U
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	TOYOTA
Model	DYNA 150-3.0 D (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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090757MFCV
Cover Note Number	

Driver

Name of Driver	MUHAMMAD TAUFIQ BIN ABDUL NASSER
NRIC No	S8734946B
Date Of Birth	29/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91440357
Fax Number	
Contact Number	
Email Address	SALES@TRADEWINLOGISTICS.COM

Address	BLK 885A TAMPINES ST 83 #09-121
Postcode	521885
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	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?	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 09/04/19 ABOUT 2:18PM, I WAS TRAVELLING ON GREENWICH DRIVE FROM DHL. I SAW VEHICLE B COMING OUT SLOWLY FROM GREENWICH DRIVE (FROM TAMPINES ROAD). I PROCEED STRAIGHT AND REALIZE THAT VEHICLE B HAS NO INTENTION TO STOP. SO I ACCELERATE HARDER TO MOVE FORWARD TO AVOID COLLISION FROM MY CENTRE BUT VEHICLE B STILL COLLIDED INTO MY RIGHT REAR OF MY VEHICLE. NO ONE WAS INJURED AT THE POINT OF TIME.

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	GBD920A
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW CHIN BU
NRIC/Passport Number	S8083492F
Contact Number	91476013
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LEFT PORTION
No. Of Passenger (Including Driver)	1

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:

[Handwritten Signature]

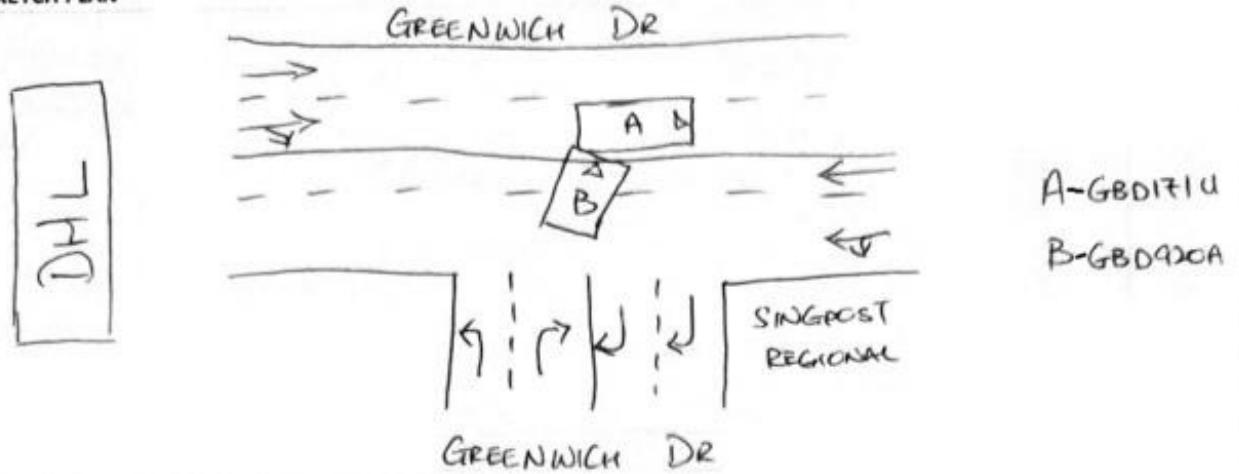
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 9/4/19 ABOUT 218PM. I WAS TRAVELLING ON GREENWICH DRIVE. FROM DHL. I SAW VEH B COMING OUT ^{SLOWLY} FROM GREENWICH DRIVE FROM TAMPINES ROAD. I ~~DO~~ ~~NOT~~ PROCEED STRAIGHT AND REALISE THAT VEH B HAS NO INTENTION TO STOP. SO I ACCELERATE HARDER TO MOVE FORWARD ~~AND~~ ~~B~~ TO AVOID COLLISION FROM MY CENTRE BUT VEH B STILL ~~HIT~~ COLLIDED INTO MY RIGHT ~~REAR~~ ~~OF~~ REAR OF ~~THE~~ ^{my} VEH. NOBODY WAS INJURED AT THE POINT OF TIME.

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.:

GIA/PMC Sket: HPS/01/001 V3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



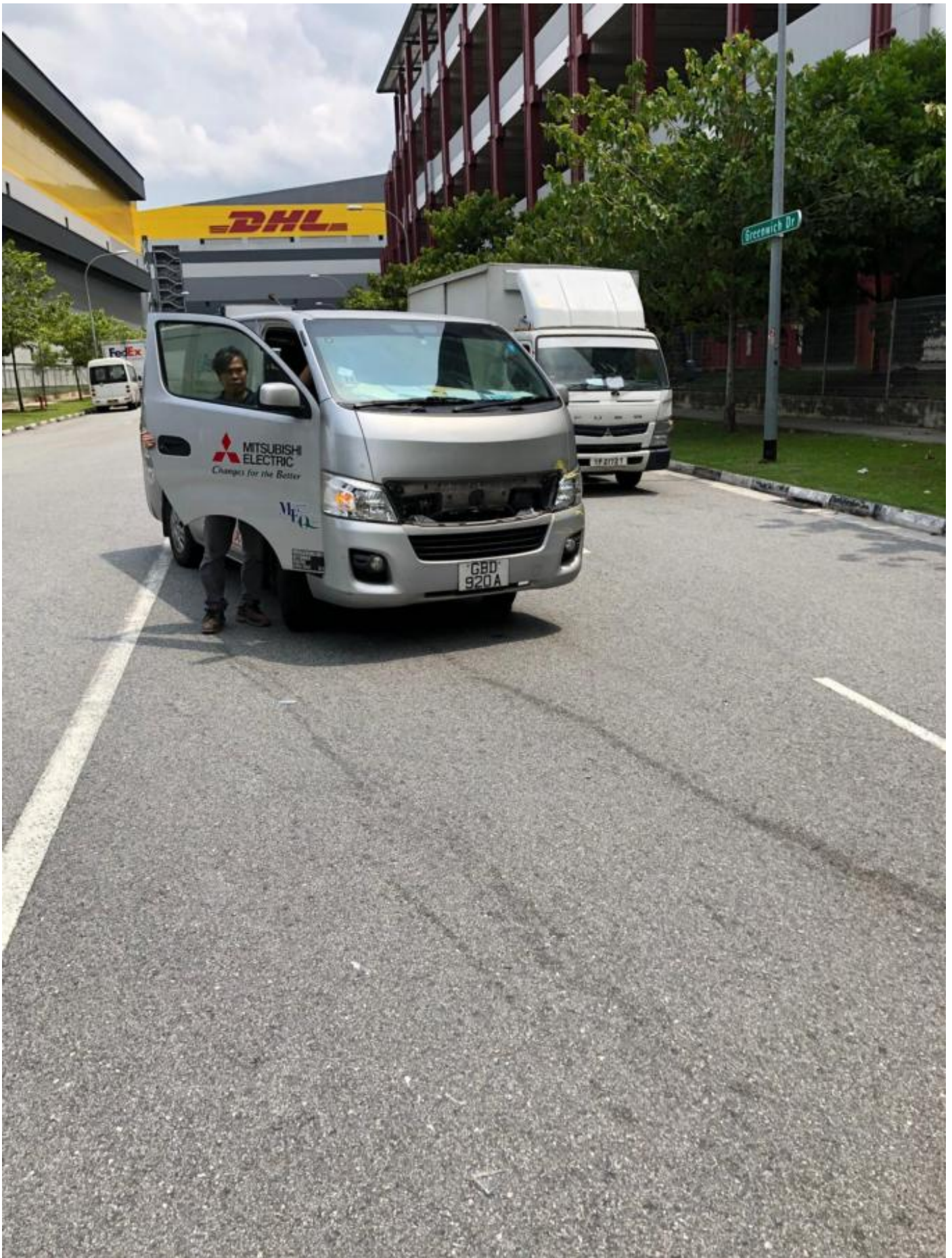
Accident Photo



Accident Photo




Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8734946B



Name
MUHAMMAD TAUFIQ BIN ABDUL NASSER
محمد توفيق بن عبدل ناصر

Race
MALAY

Date of birth
29-10-1987

Sex
M

Country/Place of birth
SINGAPORE

59715



NRIC No. S8734946B



Date of issue
04-07-2018

Address
APT BLK 885A TAMPINES STREET 83
#09-121
SINGAPORE 521885

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8734946B
Name: MUHAMMAD TAUFIQ BIN ABDUL NASSER

Birth Date: 29 Oct 1987
Issue Date: 28 Jul 2015



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

		EFFECTIVE DATE:	
C	Class 2B	Motorcycles <= 200 CC	13 Mar 2019
	Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	09 Jan 2014

S8734946B S / No.9000327636

Licence No: S8734946B

NP 118

class 3 - 09/01/2014