

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 | 09/05/2019 16:10 |
| Date Of Accident | 08/05/2019 17:00 |
| Exact Location Of Accident | CP OF 887 TAMPINES STREET 81 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBJ3152Z |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL LEASING PTE LTD |
| Co Reg No | 199001196N |
| Email Address | ISAACNGCL@GOLDBELLCORP.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64942897 |

Vehicle Particulars

| | |
|--|-----------------------------|
| Manufacturer | NISSAN |
| Model | NV350 PANEL VAN 5DR 2.5 5AT |
| 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 | 19093298MFCV |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LAI CHUNG PUI |
| NRIC No | S2572774F |
| Date Of Birth | 07/09/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/12/1992 |
| Driving Experience | 26 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96662859 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------|
| Address | NA |
| 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 | 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? | 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) | 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

I was driving my van along 887 tampines street 81 Open place Carpark. When I was driving my van towards to the drop off point, Suddenly vehicle SJN4410G came out from the parking lot and collided onto my van left side position. Damages of my van left side position. No injuries were involved.

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 | SJN4410G |
| Vehicle Make/Model/Colour | MAZDA 2 AT R |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KHOO SOH SIM MOLLY |
| NRIC/Passport Number | S1637885B |
| Contact Number | 98205189 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |

Passenger 1

NAME: : P1
GENDER: :

Sketch Plan

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 willful 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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.
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.

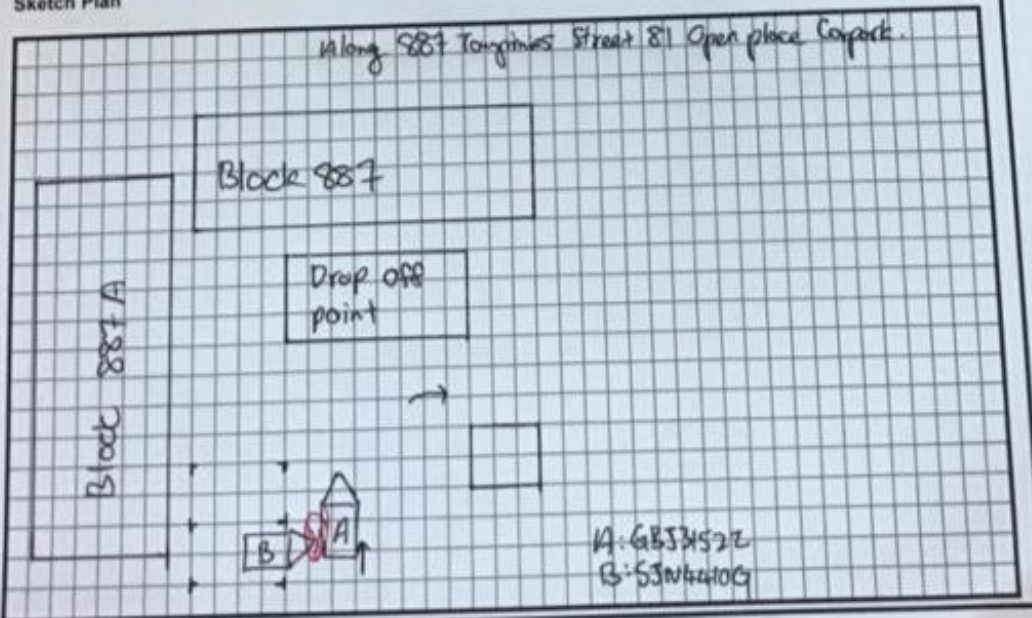
VERIFIED BY AJAX MARS
REPORTING OFFICER
JOHNNY VOO

Policyholder's Signature / Date & Time

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 my van along 887 tampines street 81 Open place Carpark. When I was driving my van towards to the drop off point, Suddenly vehicle SJN4410G came out from the parking lot and collided onto my van left side position. Damages of my van left side position. No injuries were involved.

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 -
JOHNNY VOO CHEON YEE

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 May 2019 at 11:45 AM

Date/Time:

9 May 2019 at 11:45 AM

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. **S2572774F**



Name
LAI CHUNG PUI
黎 忠 培

Race
CHINESE

Date of birth
07-09-1955

Sex
M

Country of birth
HONG KONG

S2572774F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2572774F**

Name
LAI CHUNG PUI

Birth Date **07-09-1955**

Issue Date **29 Nov 2010**

001027633K

Driving License

4760283





NRIC No. S2572774F

Date of issue

17-08-2011

Address

APT BLK 79D TOA PAYOH CENTRAL
#04-45
SINGAPORE 314079

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg | 10 Dec 1992 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 17 Mar 2015 |

S2572774F

S / No. 9000218007

NP 428A

Licence No: S2572774F







