

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	30/04/2019 16:15
Date Of Accident	30/04/2019 11:00
Exact Location Of Accident	2 FISHERY PORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8344A
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	FUSO-3.0 D FM65FM2RDEB (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	KYAW SWAR TUN
Passport No/FIN	G7537528Q
Date Of Birth	18/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	17/04/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85696497
Fax Number	
Contact Number	
Email Address	BOONSENG.CHENG@PTCLOGISTICS.COM.SG

Address	NIL
Postcode	
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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 30/04/19 ABOUT 11:03AM, I AM STATIONARY AT THE RAMP UP SLOPE TO LEVEL 2 @ 2 FISHERY PORT ROAD WAITING FOR PARKING LOT. VEHICLE B IS GOING OUT ON MY RIGHT SLOPE DOWN. HE DID NOT LOCK THE CONTAINER DOOR AND IT FLEW OPEN AND HIT MY FRONT. MY VEHICLE FRONT IS DENTED AND DOOR NOT ABLE TO CLOSE PROPERLY. NOBODY WAS INJURED.

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	XE752C
Vehicle Make/Model/Colour	MITSUBISHI / WHITE
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI SHUNCHENG
NRIC/Passport Number	G2215094X
Contact Number	85154238
Address	BOSS : MELVIN @ 92952180
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

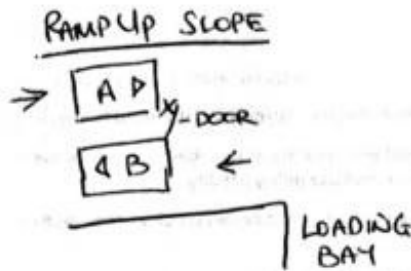
[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



A 4P8344A

B XE 752C

2 FISHERY PORT ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/4/19 ABOUT 1103AM, I AM STATIONARY AT THE RAMP UP (SLOPE) TO LEVEL 2 @ 2 FISHERY PORT ROAD WAITING FOR PARKING LOT. VEH B IS GOING OUT ON MY RIGHT SLOPE DOWN. HE DID NOT LOCK THE CONTAINER DOOR AND IT FLEW OPEN AND HIT MY FRONT. MY VEH FRONT IS DENTED AND DOOR NOT ABLE TO CLOSE PROPERLY. NOBODY WAS INJURED.

[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



Accident Photo



Accident Photo



Accident Photo



Driving License

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
TC-XIN HUA TRANSPORTATION PTE LTD

Sector: **SERVICE**

Name:
KYAW SWAR TUN

Occupation:
LORRY DRIVER

S Pass No.:
0 90741055

Date of Application:
27-12-2017

Date of Issue:
29-01-2018

Date of Expiry:
06-05-2020

L8588799

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G7537528Q**

Name: **KYAW SWAR TUN**

Birth Date: **18 Nov 1980**

Issue Date: **02 Nov 2018**

Valid Till: **18/11/2023**

0028653398

VISIT PASS
Immigration Regulations

Name:
KYAW SWAR TUN

Date of Birth: **18-11-1980** Sex: **M** Nationality: **MYANMAR**

FIN: **G7537528Q** Date of Issue: **29-01-2018** Date of Expiry: **06-05-2020**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

expire - 6 may 2020

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

Class	Description	Effective Date
Class 2B	Motorcycles ≤ 200 cc	25 Nov 2015
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	19 Nov 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250kg	17 Apr 2013

NP 428A

License No: **G7537528Q**

class 4 - 17 apr 2013