

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	23/04/2019 16:01
Date Of Accident	23/04/2019 07:30
Exact Location Of Accident	ALONG PIE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4157U
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	HIACE-3.0 D DX (A)
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	SELVARAJ SAKTHISARAVANAN
Passport No/FIN	G6425983R
Date Of Birth	07/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94607832
Fax Number	
Contact Number	
Email Address	MAZID.ABDULBATEN@SODEXO.COM

Address	18 TUAS AVE 10 LEVEL 6
Postcode	639142
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	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?	
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
Passenger 1	NAME: : NOT APPLICABLE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20190423/2052 :- ON THE ABOVE-MENTIONED DATE AND TIME, I WAS ON THE FIRST LANE TRAVELLING ON PIE TOWARDS TUAS. AFTER A FEW MINUTES, I INDICATED MY LEFT TURN SIGNAL AND CHANGED TO THE SECOND LANE. HOWEVER, AFTER CHANGING LANES, A BLACK MAZDA (SLN8053D), SPED UP AND HIT MY VEHICLE'S DRIVER DOOR BEFORE SPEEDING UP AND MOVING FORWARD. THE SAID VEHICLE DID NOT STOP. I DID NOT STOP MY VEHICLE AS IT WAS A MODERATE TRAFFIC WITH A NUMBER OF VEHICLES BEHIND ME. UPON REACHING MY DESTINATION, I MADE A CHECK ON MY VEHICLE AND DISCOVERED THAT THE RIGHT SIDE OF MY VAN AND DRIVER'S DOOR HAD SOME SCRATCHES. I AM REPORTING THIS FOR INSURANCE PURPOSES.

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	SLN8053D
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
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 of Driver

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. T/20190423/2052

Selvaraj Selvaraj

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190423/2052

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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Report No. T/20190423/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2019 13:00	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: SELVARAJ SAKTHISARAVANAN			Address: APT BLK 209 ANG MO KIO AVENUE 3 #05-1596 SINGAPORE 560209	
ID Type / ID No.: FIN NO / G6425983R			Contact No.: Home/Office: Mobile: 94607832	
Nationality: INDIAN			Email:	
Sex: Male	Age: 34	Date of Birth: 07/06/1984	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Facility Executive			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2019 07:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Before Toa Payoh Lorong 6 Exit 16.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG4157U	Van				Slightly Damaged	2
SLN8053D	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**



T/20190423/2052

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Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Report No. T/20190423/2052

CONTINUATION OF REPORT

Driver				
Name	SELVARAJ SAKTHISARAVANAN		ID No.	G6425983R
Related Vehicle	NIL		Contact No.	94607832
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the above-mentioned date and time, I was on the first lane travelling on PIE towards Tuas. After a few minutes, I indicated my left turn signal and changed to the second lane. However, after changing lanes, a black Mazda (SLN8053D), sped up and hit my vehicle's driver door before speeding up and moving forward. The said vehicle did not stop. I did not stop my vehicle as it was a moderate traffic with a number of vehicles behind me. Upon reaching my destination, I made a check on my vehicle and discovered that the right side of my van and driver's door had some scratches. I am reporting this for insurance purposes.

Police Report



SINGAPORE
POLICE FORCE



T/20190423/2052

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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Report No: T/20190423/2052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /
Sgt 2 MUHAMMAD JANNATUN NA'IM BIN
AZUWAN

[Signature]

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

[Signature]

Date/Time:
23/04/2019 13:00

Classification Of Case:

Authentication Stamp
NP168



Signature

[Signature]

Singapore Police Force

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



CLASS 3 ~ 24 JUL 2018