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 witholding 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	14/06/2019 18:17	
Date Of Accident	14/06/2019 08:30	
Exact Location Of Accident	PIE TUAS ENTERING BKE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	YN1685Y	
Insured/Policyholder		
Name Of Registered Owner	GOLDBELL LEASING PTE LTD	
Co Reg No	199001196N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-64942897	
Vehicle Particulars		
Manufacturer	HINO	
Model	GH8JRKA	
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	ABU SAMAH BIN MOHAMAD	

S1656099E NRIC No Date Of Birth 01/03/1964 Occupation **OUTDOOR Date Of Driving Pass** 24/08/1993

Driving Experience 25 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88147610

Fax Number **Contact Number**

EMail Address NOEMAIL Address

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 COLLISION - HEAD TO REAR

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 travelling on the most left lane entering towards BKE, suddenly at the slope going upwards, I saw the lorry ahead of me started to reverse back and the cargo that was inside the lorry starting to slip behind. I immediately stop my vehicle. The lorry rolled backwards and the item inside the lorry slip out a bit and hit the front part of my lorry. We exchange particulars. No injury 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 XD585Z

Vehicle Make/Model/Colour MITSUBISHI FP517DR2RDEB / WHITE

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TEO MUI CHONG

NRIC/Passport Number

Contact Number 83570134

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

THE PARTY NAMED IN

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- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

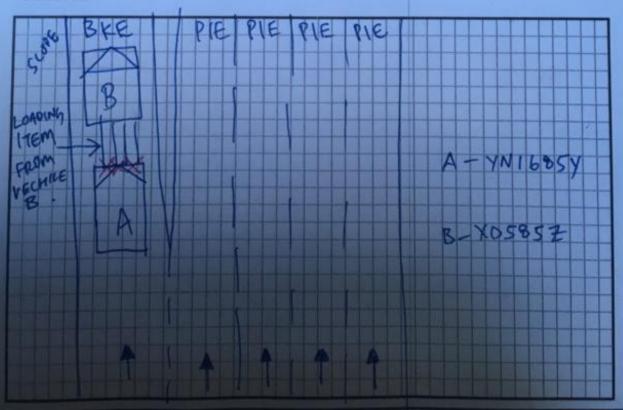
(a) My insurer, my workshop and the 'General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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(e) 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 Mohammad Azaly Bin Abdullah

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement Pg. 1

ACCIDENT STATEMENT (2000 characters)

going upwards, I saw the lorry ahead of was inside the lorry starting to slip behin	ering towards BKE, suddenly at the slope me started to reverse back and the cargo that d. I immediately stop my vehicle. The lorry e lorry slip out a bit and hit the front part of my
We exchange particulars.	
No injury involved.	
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provid	ed above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMMAD AZALY BIN ABDULLAH	
MARS Officer	
Joh Complete Date Time	Registered Owner or Driver's Signature
Job Complete Date/Time 14 June 2019 at 5:11 PM	Date/Time: 14 June 2019 at 5:11 PM



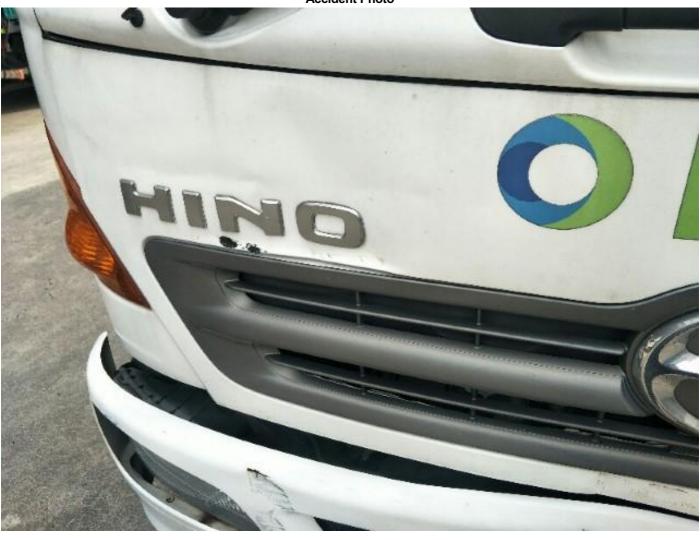












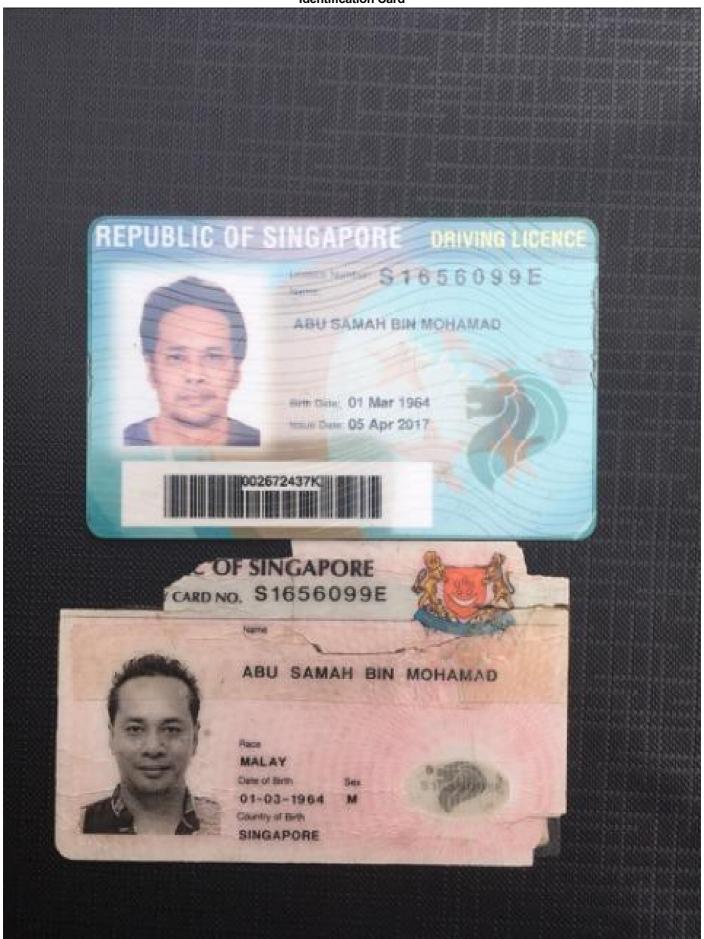












Identification Card

