

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	27/07/2019 21:44
Date Of Accident	27/07/2019 10:45
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7887X
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	NISSAN
Model	NV350-2.5 5MT 5DR EURO V (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	MOHAMAD RIDZUAN BIN MOHAMAD NASIR
NRIC No	S9218195B
Date Of Birth	21/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96474135
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 484C CHOA CHU KANG AVE 5 #04-58
Postcode	693484
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 - 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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : NOT APPLICABLE GENDER: : FEMALE
Passenger 2	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	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20190727/2061

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	FBK9698X
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMMAD SAHAR BIN MUMIN
NRIC/Passport Number	S7036515D

Contact Number	96406087
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD SAHAR BIN MUMIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBK9698X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	(DRIVER)
Postcode	

SKETCH PLAN

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7. By the lodgment 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.
- (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:

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

GDH 7887 X



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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190727/2061

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20190727/2061

CONTINUATION OF REPORT

Name	Mohammad Sahar Bin Mumin	ID No.	S7036515D
Related Vehicle	FBK9698X (Motorcycle)	Contact No.	96406087
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMAD RIDZUAN BIN MOHAMAD NASIR	ID No.	S9218195B
Related Vehicle	GBH7887X (Van)	Contact No.	96474135
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 27 July 2019 at about 1045hrs, I was travelling along PIE on the fourth lane in my vehicle bearing registration number GBH7887X with my wife and child on board. Upon nearing Adam Road exit, the traffic was slow and out of a sudden while I was still on the move, I heard a loud bang and felt a collision from the rear. Subsequently, I stopped my vehicle by the road shoulder and came down to make a check and discovered one motorcycle bearing registration number FBK9698X had collided onto my vehicle and the motorcyclist was lying on the road.

Together with a few drivers who stopped by, we assisted the motorist. Shortly after, AETOS and EMAS came down to scene followed by traffic police and ambulance. AETOS officer took down our particulars and gave it to me and the said motorist was later conveyed to hospital however I am unsure what injuries did he sustained but he was conscious. Neither myself nor my wife and child was injured. Due to the collision, my vehicle rear right bumper was dented and the motorcycle mud guard was damaged. I have in car camera installed in my vehicle however it was only installed at the front. I handed over the SD card to the traffic police and I was also given a case number reference E/20190727/0103 and was told to make a traffic accident report at the nearest police station.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190727/2061

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20190727/2061

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:
J/
Sr Staff Sgt CHAN KANG YUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/07/2019 12:43

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:
SN 117

Authentication Stamp
NP168



Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



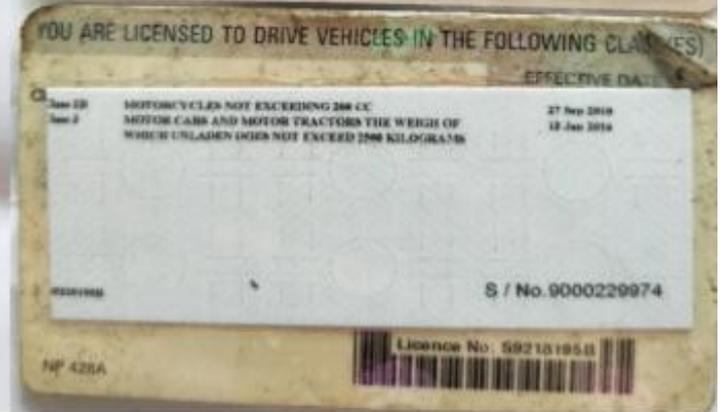
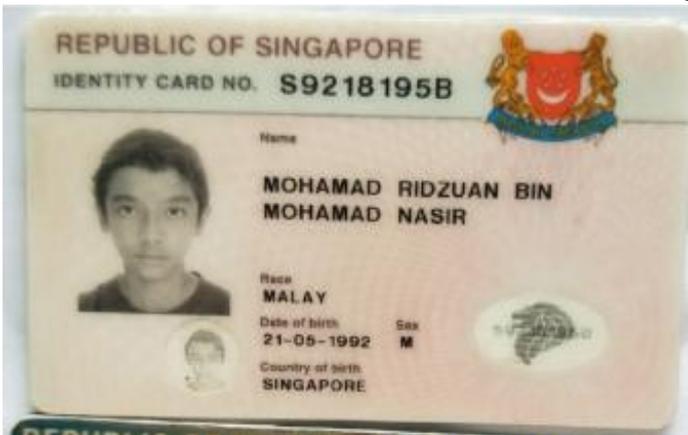
Accident Photo



Accident Photo



Driving License



CLASS 3 ~ 18 JAN 2016