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 <u>truthful and accurate</u> 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/08/2019 09:22
Date Of Accident	18/08/2019 02:35
Exact Location Of Accident	JUNC OF KITCHENER RD / SERANGOON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG5872G
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	FIAT
Model	DOBLO CARGO MAXI-1.6 D MTJ AMT GLAZE (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 JOHARI BIN SHARIF

NRIC No S8929975F
Date Of Birth 01/09/1989
Occupation OUTDOOR
Date Of Driving Pass 19/06/2019

Driving Experience 0 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86189858

Fax Number
Contact Number

EMail Address SEAN.TAN@GATEWAYES.COM

Address BLK 341 BUKIT BATOK BATOK ST 34 #02-72

Postcode 65034

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 - CROSS JUNCTION

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?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NOT APPLICABLE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

HONG KAH NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 370 BUKIT BATOK STREET 31, POSTCODE: 650370,

Police Station Address COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-5679999 - **FAX NO**: 65652508

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20190818/2089

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 SHC3754C

Vehicle Make/Model/Colour HYUNDAI / BLUE

Details Of Properties VEH B
Vehicle Category TAXI

Name of Driver SIM CHIN HUAT
NRIC/Passport Number S1757716F
Contact Number 96189246

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT PORTION

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JOHARI BIN SHARIF

Approximate Age

Injuries Sustain FELT STRAIN ON CHEST AND BACK

Injured person in which vehicle? GBG5872G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address (DRIVER)

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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 upon application by
 interested parties.
- 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 insurers) 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:
 - 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:
 - 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: 2. *

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



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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DEEED TO DO	USE DEPORT NO. T/20400040/20	20
KEFER TO PO	LICE REPORT NO. T/20190818/20	89
122220000		

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature Date & Time: 2

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



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

GIARMC SketchPlanForm_V3





T/20190818/2089

1 of 3

Report No. T/20190818/2089

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370

Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDE	A TRAFFIC ACCIDENT	AFFIC	TE	FA	OF	RT	REPO
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Date/Time Report Made: 18/08/2019 18:20			Vide Report No.:	Station Diary No.: 37	
Informa	nt's Partic	ulars	(C) (C) (A) (A) (A) (A) (A) (A) (A)	THE WASHINGTON	
	f Informant: BIN SHAR		Address: APT BLK 341 BUKIT BATC 650341	OK STREET 34 #02-72 SINGAPORE	
ID Type / ID No.: NRIC NO / S8929975F			Contact No.: Home/Office: Mobile: 86189858		
National SINGAP	ity: PORE CITIZ	ŒN.	Email:		
Sex: Male	Age: 29	Date of Birth: 01/09/1989	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: DELIVERY			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/08/2019 02:35	Type of Location X-Junction	
KITCHENER SERANGOOI Along Kitcher	N ROAD	Road 2 ght into Serangoon Road Road Surface:		Pood Spood Limit	
vveatrer.		Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Traffic Light - Wo	rking	Traffic Volume: No Traffic	
Type of Collis			Anyone conveyed by		

Details of Ve Vehicle No.		Make	Model	Color	Condition	No of Passenge
GBG5872G					Seriously Damaged	1
SHC3754C	TAXI					0

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





2 of 3

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

Report No. T/20190818/2089

CONTINUATION OF REPORT

EXIDE	A PROPERTY AND A PROPERTY OF	The Page 1	April 19 April 19	ID N		000000755
Name	JOHARI BIN SHAR		ID No.		S8929975F	
Related Vehicle	GBG5872G (Van)			Conta	ct No.	86189858
Hospital/Clinic	NG TENG FONG G	HOSPITAL	Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	18/08/2019	Date Dis	charge	18/08	3/2019	
	ted Medical Leave	05	Degree o	of Injury	Sligh	t
Driver	是不是这种是	1 m	10000	Reput E	375	EDE THERESE
Name	SIM CHIN HUAT			ID No		S1757716F
Related Vehicle	NIL		17	Conta	ct No.	96189246
Hospital/Clinic	NIL		,	Class Driving Licente Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Name of the last	Date Dis	charge	NIL	
No. of Days gran	Degree (of Injury	NIL			

Brief Details.

On 18/08/2019 at about 2.36am, I was driving my van (GBG5872G, one Fiat Doblo) along Kitchener Road. I have one passenger in the van. As I was approaching the X-Junction of Kitchener Road and Serangoon Road, I kept to the right lane as I wanted to turn right into Serangoon Road. In front of my van, was another car. The traffic light indicated green on our side. Subsequently, the car in front of me managed to proceed to make the right turn. When it was my turn to turn right, I made a check and observed that it was clear and safe for me to proceed. Eventually, when I proceeded with the right turn, there was a taxi, (SHC3754C blue "Comfort Taxi") that had hit onto the left side of my van. The impact was so great that my van's airbag came out and burst.

After the accident, I went out of the van to make a check. I then noticed that my passenger was still stuck in the van. I then went to help her out whereas the taxi driver was assisted by some passer by. Later on, the ambulance and the Traffic Police came to the accident scene. I wish to state that I felt a strong pain on my chest as the impact had caused my chest to hit against the steering wheel. None of us were conveyed. However, I did proceed to Ng Teng Fong Hospital for check up as I also felt strain on my neck, chest and back. The van was seriously damaged.





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999 T/20190818/2089

3 of 3 Report No. T/20190818/2089

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 / SI MDIMMAD NUR AZMI BIN KARIM	Signature Of Informant:
Signature Of Interpreter. Not achilication ore Police Force	Date/Time: 18/08/2019 18:20
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	The second second







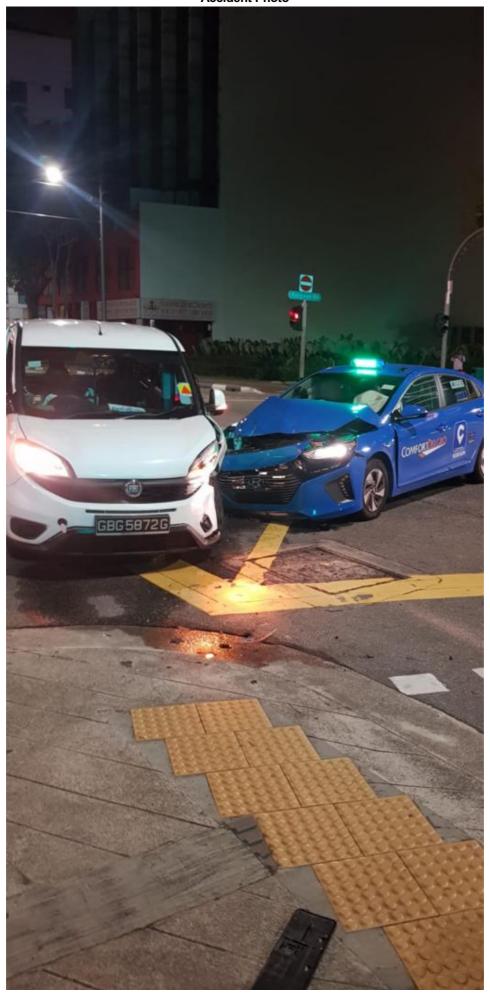








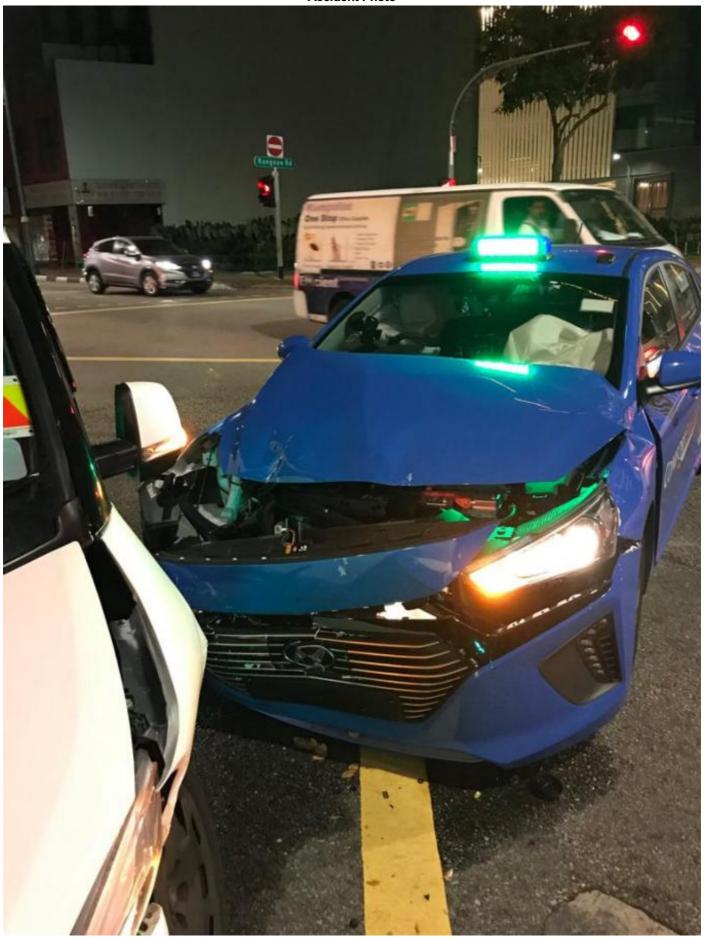












Driving License

