

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	03/10/2019 18:19
Date Of Accident	03/10/2019 13:50
Exact Location Of Accident	352 JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9869B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942888

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19093298MFCV
Cover Note Number	N.A.

Driver

Name of Driver	SELVARAJ KATHIRESAN
Work Permit No	G8171510L
Date Of Birth	01/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85181671
Fax Number	
Contact Number	OFFICE-85181671
Email Address	NOEMAIL

Address	NA
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	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)	0

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

My vehicle GBE9869B was parked inside 352 Jalan Boon Lay. As I came back I realised that my front right was already damaged, and the 3rd party GBG6689M approached me to inform that his vehicle had collided onto my vehicle while making a reversing. No injuries was involved and I managed to exchange particulars.

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	GBG6689M
Vehicle Make/Model/Colour	TOYOTA/ DYNA 3.0 MANUA/WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GUO NIANJIN
NRIC/Passport Number	G5798223W
Contact Number	92366697
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Common Statement

ACCIDENT STATEMENT (2000 characters)

My vehicle GBE9869B was parked inside 352 Jalan Boon Lay. As I came back I realised that my front right was already damaged, and the 3rd party GBG6689M approached me to inform that his vehicle had collided onto my vehicle while making a reversing. No injuries was involved and I managed to exchange particulars.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD SUMARDI BIN MOHD AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 October 2019 at 2:38 PM

Date/Time

3 October 2019 at 2:38 PM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 196N

Vehicle Details

Vehicle No.: GBE9869B
Vehicle to be Exported: No
Intended Deregistration Date: 15 Nov 2019
Vehicle Make: FIAT
Vehicle Model: DOBLO CARGO MAXI 1.6 MTJ
AMT GLAZE
Primary Colour: White
Manufacturing Year: 2015
Engine No.: 263A50007509886
Chassis No.: ZFA26300006B94647
Maximum Power Output: -
Open Market Value: \$19,602.00
Original Registration Date: 12 May 2016
First Registration Date: 12 May 2016
Transfer Count: 1
Actual ARF Paid: \$981.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 11 May 2026
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
QP Paid: \$44,213.00
COE Rebate Amount: \$28,684.00
Total Rebate Amount: \$28,684.00

The information contained herein is correct as at 15 Nov 2019

OK



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-188664

Date of Request: 15/11/2019

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP

1 Kaki Bukit Ave 6 #01-01

Auto Bay@Kaki Bukit

Singapore 417883

Dear Sir/Madam,

Enquiry Date: 15/11/2019
Enquiry By: Susan Low Siew Yian
TP Vehicle No: GBG6689M
Accident Date: 03/10/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBG6689M	ERGO Insurance Pte. Ltd.	27/09/2019-26/09/2020	6829 9199

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-188664

Date of Request: 15/11/2019

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP
1 Kaki Bukit Ave 6 #01-01
Auto Bay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 15/11/2019
Enquiry By Susan Low Siew Yian
TP Vehicle No. GBG6689M
Accident Date 03/10/2019

DESCRIPTION	AMOUNT (\$S)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque