## 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	07/11/2019 21:14	
Date Of Accident	07/11/2019 13:35	
Exact Location Of Accident	OUTSIDE GUARD HOUSE OF NO. 37 KRANJI LINK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
	00500040	

DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBE9864P			

## Insured/Policyholder

GOLDBELL LEASING PTE LTD Name Of Registered Owner

199001196N Co Reg No

ISAACNGCL@GOLDBELLCORP.COM Email Address

Mobile Phone No

OFFICE-64942897 Alternative Phone No.

Vehicle Particulars

FIAT Manufacturer

DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE Model

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 MSIG INSURANCE (SINGAPORE) PTE. LTD.

THIRD PARTY Type Of Coverage

YES Fleet Policy 29131844 Policy Number Cover Note Number NA

#### Driver

DYLAN LEE WAN LYN Name of Driver

NRIC No G8636919U Date Of Birth 01/07/1995 OUTDOOR Occupation 23/01/2019 Date Of Driving Pass

0 YEAR AND 9 MONTH Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-96139241

Fax Number

Contact Number

EMail Address DYLAN.LEE@WEEGUAN.COM.SG Address

NA

Postcode

Was driver an employee of the Insured's Company

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)

2

Passenger 1

NAME: GENDER: : P1

: MALE

**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

ON THE DATE AND TIME MENTIONED, I WAS ENTERING THE SAID LOCATION AND MADE A STOP AT A DISTANCE BEHIND VEHICLE B INFRONT OF THE GUARD HOUSE. WHEN MY VEHICLE WAS STATIONARY, SUDDENLY VEHICLE B ROLLED BACK AND THE REAR OF VEHICLE B, HIT AGAINST THE FRONT OF MY VEHICLE. THIS INCIDENT WAS CAPTURED BY THE BUILDING CCTV WHICH I AM SUBMITTING TO MARS OFFICE. NO ONE WAS INJURED. STATEMENT WAS READ TOE ME AND I ACKNOWLEDGED IT.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

YM7508S

Vehicle Make/Model/Colour

MITSUBISHI / FE83BEOSRDEA / WHITE

**Details Of Properties** 

Vehicle Category Name of Driver

COMMERCIAL VEHICLE AROCKIAM AMALANATHAN

NRIC/Passport Number

G7972007R

Contact Number

86729841

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

## SKETCH PLAN GBE 9864P

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- 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.
- 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.
- 5. 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
  - 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 lincluding 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 appricable 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 end/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 GsA to their third party service providers or agentistically light lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Perional 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 mourers 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.

(ii) for complying with requirements under any regulations, laws or court orders.

HASHIM BIN KAMARI Reporting Centre Personnel's Signature Name

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

Policyholder's Sgnature Date & Time: Driver's Signature lif driver's not the policyholder Cate & Time: 7 Nov. 2019

NRICIFIN NO

# Sketch Plan #2

) MAN Oglas le	e Number 1007 Property	L. J. K. Krauji	
A: GBR 9864	P BACK - FN 8 NA J	T LINK	
8:7m7508:	cle possesse		
DESCRIBE CIRCUMSTAN			
REFER TO ATTACHED S	TATEMENT.		
		NAMES OF THE OWNER OWNER OWNER OF THE OWNER	
DECLARATION Viole declare the foregoing	particulars are true in every respect.	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER HASHIM BIN KAMARI	
Unite declars the foregoing.  Follyteider's lightnere	y Dylin	REPORTING OFFICER HASHIM BIN KAMARI  Reporting Course Personnel's Signature Name.	
Vivie declars the foregoing	particulars are true in every respect.  Y HAP  Deliver's Tail I are policy colors; that is from 0.7.11.2817. 7pm	REPORTING OFFICER HASHIM BIN KAMARI  Separting Course Prononces's Signature	

# Sketch Plan #3 Pg. 1

ACCIDENT	STATEMENT	(2000 characters)

AND MADE A STOP AT A DISTANCE I GUARD HOUSE. WHEN MY VEHICLE ROLLED BACK AND THE REAR OF VEHICLE. THIS INCIDENT WAS CAR	ED, I WAS ENTERING THE SAID LOCATION BEHIND VEHICLE B INFRONT OF THE E WAS STATIONARY, SUDDENLY VEHICLE B VEHICLE B, HIT AGAINST THE FRONT OF MY PTURED BY THE BUILDING CCTV WHICH I AN ONE WAS INJURED. STATEMENT WAS SED IT,
Taxi Voucher No	
DECLARATION	
IWe declare that the above particulars & information pro-	vided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - HASHIM BIN KAMARI	A Lina
MARS Officer	Registered Owner or Oriver's Signature
Job Cornalete Date/Time	Date/Time
7 November 2019 at 7:28 PM	7 November 2019 at 7:28 PM

C ...