

## 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	12/11/2019 16:23
Date Of Accident	18/09/2019 08:55
Exact Location Of Accident	ROUNDAABOUT OF NUH OF LOWER KENT RIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3440H
<b>Insured/Policyholder</b>	
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	TOYOTA
Model	HIACE-3.0 D DX (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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29131844
Cover Note Number	

### Driver

Name of Driver	SITI HAJAR BINTE SIDON
NRIC No	S9023838H
Date Of Birth	15/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87740303
Fax Number	
Contact Number	
EMail Address	HABEEBULLAH.ZAKARIA@LAZADA.SG

Address	BLK 322 BUKIT BATOK ST 33 #02-10
Postcode	650322
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	SIDE SWIPE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO. D/20191112/7046

#### 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	SHD8561D
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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:

Reporting Centre Personnel's Signature  
Name: Nh You HAM  
NRIC/FIN No.: S8240344B





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## Report No. D/20191112/7046

Date/Time Report Made 12/11/2019 21:58	Vide Report No.	Station Diary No.
Name Of Informant SITI HAJAR BINTE SIDON	Address APT BLK 322 BUKIT BATOK STREET 33 #02-10 SINGAPORE 650322	
ID Type / ID No. NRIC NO / S9023838H	Contact No. Home/Office:                      Mobile: 87740303	
Nationality SINGAPORE CITIZEN	Email Address status-quo@live.com.sg	
Occupation Despatch worker	Sex Female	Age 29
Institution/School Name	Date of Birth 15/07/1990	Race Malay
Date/Time Of Incident 18/09/2019 08:30 - 18/09/2019 09:00	Location Of Incident 5A LOWER KENT RIDGE ROAD NATIONAL UNIVERSITY HOSPITAL SINGAPORE 119084	

I'm driving at the left lane of the roundabout making my way to NUH main lobby. There was a Taxi on the right lane coming from behind, into my lane while I was making a round to the right exit, the taxi hit the rear right part of my vehicle. As not to obstruct the way of other moving vehicles, I move slowly, assuming the taxi would follow me and stopped to solve the situation but he went off instead. I didnt get a glimpse of the taxi's plate number as he was facing at my right rear part during the incident. Nothing major happened during the accident.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	Date/Time: 12/11/2019 21:58
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	Classification Of Case:

# Police Report



**SINGAPORE  
POLICE FORCE**



D/20191112/7046

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20191112/7046

Subjects Involved			
Victim			
Person Name	SITI HAJAR BINTE SIDON		
ID Type	NRIC NO	ID No	S9023838H
Gender	Female	Age	29
Race	Malay	Language	English
Occupation	Despatch worker	Address Type	
Address	APT BLK 322 BUKIT BATOK STREET 33 #02-10 SINGAPORE 650322	Mobile No	87740303
Is Informant A Victim?	Yes		
Person Name	SITI HAJAR BINTE SIDON (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/11/2019 21:58
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	