SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 ability.
- 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 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.	
	ACCIDENT STATEMENT
Date Of Report	21/06/2017 18:24
Date Of Accident	19/06/2017 15:10
Exact Location Of Accident	LOADING BAY OF THE CARPARK @ BEDOK MALL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB7630B
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	MITSUBISHI
Model	FB70BB1SRDEA-3.0 D (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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-16085361MFCV
Cover Note Number	
Driver	And the second of the second o
Name of Driver	MOHAMMED MUBARAK BIN ABDUL WAHID
NRIC No	S7929113G
Date Of Birth	09/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2011
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96231004
Fax Number	

NOEMAIL

Address

BLK 360 TAMPINES ST 34 #02-423

Postcode

520360

Was driver an employee of the Insured's Company

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

UNKNOWN - HIT BY FALLEN DOOR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

If Yes. Please state which Police Station

Police Station Name

GEYLANG SERAI NEIGHBOURHOOD POLICE POST

Police Station Address.

ROAD: BLK 111 ALJUNIED CRESCENT #01-102, POSTCODE: 380111,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7459999 - FAX NO: 67455673

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20170619/2144 :- ON 19/06/17, AT ABOUT 1510HRS, I WAS DRIVING MY VEHICLE "GBB7630B" AND WAS EXITING OUT THE LOADING AND UNLOADING BAY OF THE CARPARK OF BEDOK MALL. AS I WAS EXITING THE AREA, THERE IS ANOTHER VEHICLE (LORRY) WHO IS ENTERING THE LOADING AND UNLOADING BAY ON MY RIGHT SIDE AND THE BACK DOOR OF THE CONTAINER OF THE OTHER VEHICLE CAME OUT AND THE WHOLE DOOR FELL ON HIT THE FRONT RIGHT SIDE OF MY VEHICLE'S BUMPER. THERE IS A SLIGHT DENT AND SOME OF THE PAINT AT THAT AREA WAS CHIPPED OFF. I WOULD LIKE TO STATE THAT I DO NOT HAVE THE DRIVER'S PARTICULARS BUT THE REGISTRATION PLATE OF THE OTHER LORRY IS "GZ1445Z", JUST THE NAME OF THE OTHER DRIVER'S COMPANY (DILLIC INTERNATIONAL PTE LTD).

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

GZ1445Z

VEH B

Vehicle Make/Model/Colour

MITSUBISHI

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Pease report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Author/sed Driver.
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- 4. The issue and acceptance of the Formity insurance companies is not an admission of policy liability on the part of the insurance
- 5 Any le'se reporting may be referred to the Police for investigations
- 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 loagement 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)
- Luncerstand, 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 ancier 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). possessed by my maturer (coacctively the "Persional Information") and disclose and transfer such Personal Information to all no 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 law years faw times the Monetary Authority of Singapore and any relevant government agency fauthority (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 cases
- (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) administranging claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve (w) agreementing my cause (stocomy are making or currenged before, administrating my cause of the external cover of envelopes/mail 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
- $\langle v \rangle$ complying with applicable law in administering processing handling and/or dealing with my claims
- (calectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' tow yers/low 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 the law yers law fame), which may be sked outside of Singapore, for one or more of the above Purpose



Policyholder's Signature / Cate &

July Bank

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre

A-GBB7630B B-GZ14452

Sketch Plan

BEDOK MALL Basement CARPARK

DOPOFF FROM VEHICLE B

DOOR

Sketch Plan #2

Refer to police repo	rt no. T/2017()619/2144			
				THE RESIDENCE OF THE PERSON OF	
	-				
			- Columbia de la columbia del columbia de la columbia del columbia de la columbia del la columbia de la columbi		
daration					

Whe declare the foregoing particulars are true in every respect

Policyholden's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Tirm

Witnessed by Reporting Centre Personnel

Police Report





Institution / School Name:

Date of Expiry:

1 of 3

Police Station Of Origin: Geylang Serai NPP

111 Aljunied Crescent #01-102 SINGAPORE

09/09/1979

380111

Male

Race Indian

Occupation:

DRIVER

Tel No: 1800-7459999

Report No. T/20170619/2144

Station Diary No.

REPORT OF A TRAFFIC ACCIDENT

37

Date/Time Report Made: 19/06/2017 17:20 Informant's Particulars Name of Informant Address: APT BLK 360 TAMPINES STREET 34 #02-423 SINGAPORE MOHAMMED MUBARAK BIN ABDUL 520360 WAHID Contact No. ID Type / ID No. Mobile: 96231004 Home/Office: NRIC NO / S7929113G Email: Nationality SINGAPORE CITIZEN Type of Informant Date of Birth: Sex: Age:

Driving Licence Information:

Vide Report No.:

Driver

Language:

General Information of the Accident Type of Location: Drink Date/Time of Non-Injury Type of Straight Road Drive. Accident: Others Accident No 19/06/2017 15:10 Location: Along Road 1 NEW UPPER CHANGI ROAD LOADING BAY OF THE CARPARK OF BEDOK MALL Road Speed Limit: Road Surface: Weather: Dry Clear Traffic Volume Traffic Control Traffic Flow: Traffic Light - Working Moderate One Way Anyone conveyed by Type of Collision: ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB7630B		MITSUBISHI	FUSO		Slightly	0

Police Report





Police Station Of Origin: Geylang Serai NPP 111 Aljunied Crescent #01-102 SINGAPORE CONTINUATION OF REPORT

2 of 3 Report No. T/20170619/2144

Tel No: 1800-7459999

Brief Details.

On 19/6/17, at about 1510hrs, I was driving my vehicle "GBB7630B" and was exiting out the loading and unloading bay of the carpark of Bedok Mall. As I was exiting the area, there is another vehicle (lorry) who is entering the loading and unloading bay on my right side and the back door of the container of the other vehicle came out and the whole door fell on hit the front ride side of my vehicle's bumper. There is a slight dent and some of the paint at that area was chipped off.

I would like to state that I do not have the driver's particulars but the registration plate of the other lorry is "GZ1445Z", just the name of the other driver's company (DILLIC INTERNATIONAL PTE LTD).

Police Report





Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111 CONTINUATION OF REPORT

3 of 3 Report No. T/20170619/2144

Tel No: 1800-7459999

Sketch Plan

Informant is not able to provide sketch plan

Signature Signature Police Force

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: G / Sgt MUHAMMAD IMRAN HADI BIN JOHARI	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 19/06/2017 17:20
Officer In Charge Of Case. TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 SN 0.6	Classification Of Case:
Contact No.: 65476430 SN 024	