

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 | 08/08/2019 22:18 |
| Date Of Accident | 19/07/2019 21:30 |
| Exact Location Of Accident | ALONG LOYANG AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GBE6747P |
| 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 | TOYOTA |
| Model | HIACE-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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | 29090793 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | VASU DEVAN RAJENDIRAN |
| NRIC No | S8662390J |
| Date Of Birth | 21/10/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/07/2019 |
| Driving Experience | 0 YEAR AND 0 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91874040 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 220 JURONG EAST ST 21 #13-623 |
| Postcode | 600220 |
| 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 | CHAIN COLLISION |
| 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 | 3 |
| 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 | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20190720/2015 :- ON 19/07/19 AT ABOUT 2130HRS, I WAS DRIVING MY VAN GBE6747P ON THE RIGHT LANE. I THEN SAW THE CAR SKG5355B IN FRONT OF ME JAMMED BRAKE AND AS SUCH I TOO DID THE SAME AND MANAGED TO STOP IN TIME. SUDDENLY A TAXI COLLIDED ONTO MY REAR CAUSING ME TO MOVE FORWARD AND COLLIDE INTO THE REAR OF SKG5355B. THE TAXI DRIVER THEN TOLD US TO MAKE A POLICE REPORT AND HE DROVE OFF. HE DID NOT GIVE ME OR THE OTHER CAR HIS PARTICULARS AND WE TOO DID NOT MANAGE TO TAKE DOWN THE VEHICLE NUMBER. THE TAXI DRIVER IS A CHINESE MAN IN HIS 50S. *** I WISH TO ADD IN TAXI VEH REG NO. IS SHC 8298U ***

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 | SHC8298U |
| Vehicle Make/Model/Colour | COMFORT TAXI / BLUE |
| 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|---------------------|
| Vehicle Registration Number | SKG5355B |
| Vehicle Make/Model/Colour | CITROEN |
| Details Of Properties | VEH C |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | FADZIL BIN ABDULLAH |
| NRIC/Passport Number | S1681343E |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | REAR PORTION |
| No. Of Passenger (Including Driver) | 1 |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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:

Ray. J. [Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 08 Aug 19

1800988



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

Sketch Plan #2

SKETCH PLAN

- (A) GBE 6747 P.
- (B) SHC 8298U
- (C) SKG 5355 B.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report filed on 20/07/2019 at 2.37 p.m.
(Report No.: T/20190720/2015).

pvt. *[Signature]*
08 AUG 19
1800128.

DECLARATION

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



Policyholder's Signature
Date & Time:

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



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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190720/2015

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190720/2015

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 20/07/2019 02:37 | Vide Report No.: | Station Diary No.: 19 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: VASU DEVAN RAJENDIRAN | | | Address: APT BLK 220 JURONG EAST STREET 21 #13-623 SINGAPORE 600220 | |
| ID Type / ID No.: NRIC NO / S8662390J | | | Contact No.: Home/Office: | Mobile: 91874040 |
| Nationality: MALAYSIAN | | | Email: | |
| Sex: Male | Age: 32 | Date of Birth: 21/10/1986 | Type of Informant: Driver | |
| Race: Indian | | | Language: | Institution / School Name: |
| Occupation: OPERATIONS EXECUTIVE | | | Driving Licence Information: Class: 2B,3 | Date of Expiry: |

General Information of the Accident

| | | | |
|--|----------------------|--|-------------------------------------|
| Type of Accident: Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 19/07/2019 21:30 | Type of Location: Straight Road |
| Location: Along Road 1 LOYANG AVENUE | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | Traffic Control: | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| GBE6747P | Van | | | | Slightly Damaged | 0 |
| SKG5355B | Car | | | | Slightly Damaged | 4 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | |

Police Report



**SINGAPORE
POLICE FORCE**



T/20190720/2015

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20190720/2015

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|--|------------------------------------|
| Driver | | | |
| Name | VASU DEVAN RAJENDIRAN | ID No. | S8662390J |
| Related Vehicle | GBE6747P (Van) | Contact No. | 91874040 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | FADZIL BIN ABDULLAH | ID No. | S1681343E |
| Related Vehicle | SKG5355B (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 19/7/2019 at about 2130hrs, I was driving my van GBE6747P on the right lane. I then saw the car SKG5355B in front of me jammed brake and as such I too did the same and managed to stop in time. Suddenly a taxi collided onto my rear causing me to move forward and collide into the rear of SKG5355B. The taxi driver then told us to make a police report and he drove off. He did not give me or the other car his particulars and we too did not manage to take down the vehicle number. The taxi driver is a Chinese man in his 50s.

Police Report



SINGAPORE
POLICE FORCE



T/20190720/2015

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3
Report No. T/20190720/2015

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:

G /

Sgt 3 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

20/07/2019 02:37

Officer In Charge Of Case:

TP / HRT /

Insp GOH GEOK LYE

Contact No.: 65476148

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

[Handwritten signature]

SIGNATURE