

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	25/02/2020 04:36
Date Of Accident	24/02/2020 06:30
Exact Location Of Accident	KPE/MCE BEFORE BUANGKOK EAST DRIVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3607A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	1XXXXX196N
Email Address	ISAACNGCL@GBL.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64942888

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DX 3.0 MANUAL
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	THIRD PARTY
Fleet Policy	YES
Policy Number	D-19093298MFCV
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAKIM BIN MOHAMED NASER
NRIC No	SXXXX663I
Date Of Birth	14/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98316413
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
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	COLLISION - CHANGE/CROSS LANE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG KPE/MCE BEFORE BUANGKOK EAST DRIVE EXIT IN THE MIDDLE LANE CHANGING LANE TO THE LEFT WHEN VEHICLE B FROM THE ROAD SHOULDER CHANGE INTO THE SAME LANE AND COLLIDED INTO THE FRONT LEFT SIDE OF MY VEHICLE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NA
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT44X
Vehicle Make/Model/Colour	LAND ROVER / RANGE ROVER EVOQUE 2.0 AT ABS 4WD HID
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	LOW LIP PHONG
NRIC/Passport Number	SXXXX419J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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:

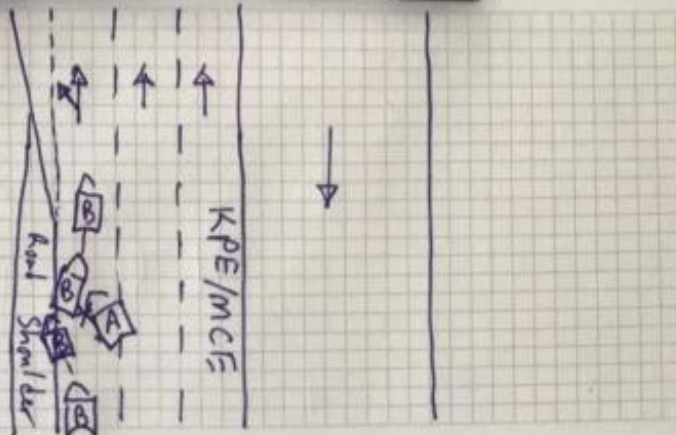
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

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

Sketch Plan #2

SKETCH PLAN

A: GBF 3607A
B: SDT 44X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

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

GAAMC SketchPlanForm V.1

ACCIDENT STATEMENT (2000 characters)

I WAS TRAVELLING ALONG KPE/MCE BEFORE BUANGKOK EAST DRIVE EXIT IN THE MIDDLE LANE CHANGING LANE TO THE LEFT WHEN VEHICLE B FROM THE ROAD SHOULDER CHANGE INTO THE SAME LANE AND COLLIDED INTO THE FRONT LEFT SIDE OF MY VEHICLE

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 -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

24 February 2020 at 1:30 PM

Date/Time:

24 February 2020 at 1:30 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S87246631**

Name: **MUHAMMAD HAKIM BIN MOHAMED NASER**

Birth Date: **14 Aug 1987**

Valid Until: **29 May 2009**

0017433545



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S87246631

Name: **MUHAMMAD HAKIM BIN MOHAMED NASER**

Race: **BOYANESE**

Date of birth: **14-08-1987**

Country/Place of birth: **SINGAPORE**

Sex: **M**



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles \leq 200 CC	28 Mar 2009
Class 2A	Motorcycles between 201 CC and 400 CC	01 Mar 2011
Class 2	Motorcycles $>$ 400 CC	28 Mar 2017
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg	28 Mar 2011
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	14 Feb 2017

S / No. 9000257994

NP 428A

Licence No. 58724663I

5809003

NRIC No. **S8724663I**

Date of issue
03-10-2017

Address
**APT BLK 329 SEMBAWANG CLOSE
#02-403
SINGAPORE 750329**

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH20024595 Vehicle Registration No: GBF3607A
Name (as shown in NRIC) : MUHAMMAD HAKIM BIN MOHAMED NASER NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : +65-98316413
Email Address : _____
Date of Accident : 24/02/2020 Time of Accident : 0630HRS
Place of Accident : KPE/MCE BEFORE BUANGKOK EAST DRIVE EXIT
Insurance Company: MS FIRST CAPITAL INSURANCE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO 3RD PARTY CLAIM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: THRUGA
NRIC/FIN No.: _____
Date: 25022020