SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

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.

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02/03/2020 19:45 Date Of Report 02/03/2020 13:05 Date Of Accident

19 GREENWICH DRIVE LOT NUMBER (KDS2) Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

GBJ8640Z Vehicle Registration Number

nsured/Policyholder

GOLDBELL LEASING PTE LTD Name Of Registered Owner

1XXXXX196N Co Reg No.

ISAACNGCL@GBL.COM.SG Email Address

Mobile Phone No.

OFFICE-97378519 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

DYNA 150 5MT Model

Exact Purpose for which vehicle was being used at COMMERCIAL

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

'nsurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy YES

D-19093298MFCV Policy Number

NA Cover Note Number

Driver

CHIN JOO GUAN MATTHEW Name of Driver

SXXXX620C NRIC No 26/12/1957 Date Of Birth OUTDOOR Occupation 18/06/1977 Date Of Driving Pass

42 YEARS AND 8 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96839832 Mobile Number

Fax Number

Contact Number

SAMMY.JS.YEO@KERRYLOGISTICS.COM EMail Address

Address

NA

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

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)

2

involved in the accident
Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

My vehicle was stationary parked at parking lot number KDS2 of 19 GREENWICH DRIVE suddenly third party vehicle reverse and collided onto my vehicle side right driver door. No injuries involved.

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

YN1597T

Vehicle Make/Model/Colour

MITSUBISHI / FE83BE6SRDEA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

GUEK CHUNG YEW

NRIC/Passport Number

SXXXX198D

Contact Number

96269740

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Policyholder's Signature Date & Time:

Driver's Signature [If driver is not the policyholder] Date & Time:

2 Mar 2020

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

SKETCH PLAN Value A - 6818640Z YOUR B YHISATT DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REFER TO ATTACHED STATEMENT. DECLARATION I/We declare the foregoing particulars are true in every respect. VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SAIFULLAH S/O SYED MASOOD Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: THE SEPTEMBER IS

Sketch Plan #3 Pg. 1

Musichiala was stati-	
My vehicle was stationary parked at part DRIVE suddenly third party vehicle revenue driver door. No injuries involved.	arking lot number KDS2 of 19 GREENWICH verse and collided onto my vehicle side right
Taxi Voucher No.	
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ECLARATION We declare that the above particulars & information proving the state of the state o	ided above are true in every accept
provide the second of the seco	need above are and in every aspect.
	2001
MOHAMED SAIFULLAH S/O SYED MASOOD	
	Registered Owner or Driver's Signature
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMED SAIFULLAH S/O SYED MASOOD MARS Officer bb Complete Date/Time	Registered Owner or Driver's Signature Date/Time: