

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	03/03/2020 12:56
Date Of Accident	02/03/2020 14:25
Exact Location Of Accident	ALONG PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9585E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	1XXXXX196N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64942833

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO-1.6 D CARGO MJ (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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-19093298MFCV
Cover Note Number	

Driver

Name of Driver	LIM YAN JUN
NRIC No	SXXXX921E
Date Of Birth	20/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1985
Driving Experience	35 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91991508
Fax Number	
Contact Number	
EMail Address	COTTAGEN@SINGNET.COM.SG

Address	BLK 328 SERANGOON AVE 3 #10-334
Postcode	550328
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : NOT APPLICABLE GENDER: : MALE

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

ON 02/03/2020 AT AROUND 2:25PM, I STOPPED MY VAN ON LANE 1 OF PAYA LEBAR ROAD AND UBI AVE 2 JUNCTION TOWARDS PIE. WAITING FOR THE TRAFFIC LIGHTS TO TURN GREEN WHEN VEHICLE B DROVE UP FROM BEHIND AND COLLIDED INTO MY VAN. MY VAN SUSTAINED REAR DAMAGES. NO ONE WAS INJURED.

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	SLD5452H
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED FARID BIN MOHAMED ZAN
NRIC/Passport Number	SXXXX670D
Contact Number	87861229
Address	
Postcode	
Insurance Company Name	

Sketch Plan

SKETCH PLAN

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6. The sketch plan 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 submission 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)
 - a. I, the Policyholder, do acknowledge, agree and consent that:
 - i. The Insurers, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, store, process 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 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 Singapore Police 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. Settling 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")
 - ii. The 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
 - iii. Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or their lawyers (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - b. 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.
 - c. Personal Information so collected under (d) above may be shared / disclosed:
 - i. To the Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, including lawyers, law enforcement and government agencies as reasonably required for the purposes stated, or
 - ii. To comply with requirements under any regulations, laws or court orders.

Policyholder's Signature
Name: _____
NRIC/FIN No: _____

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

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

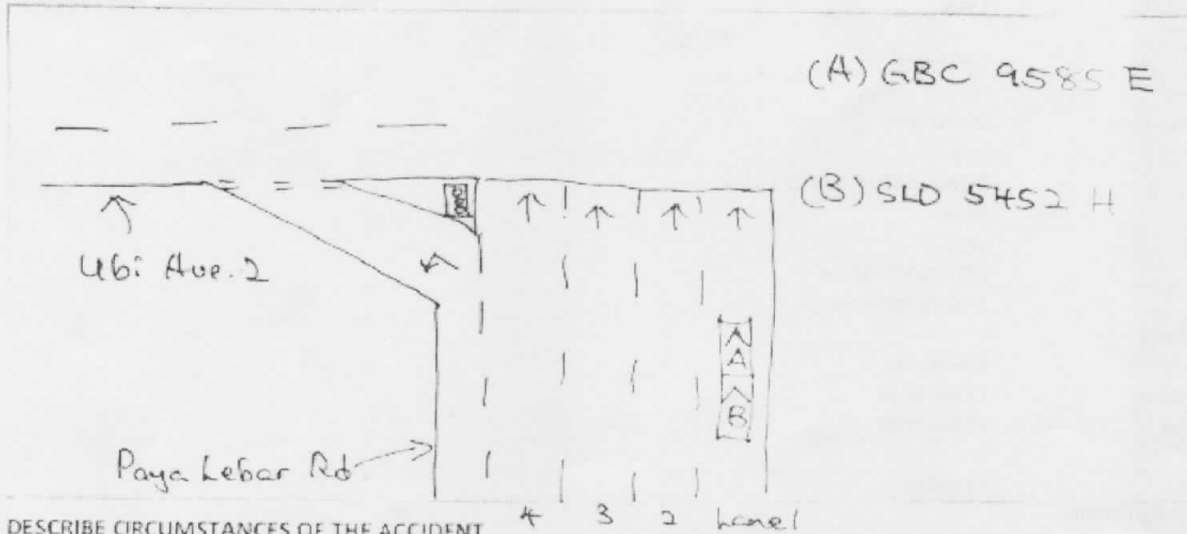
Nature Of Damage

No. Of Passenger (Including Driver)

2

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/03/2020 at around 2.25pm, I stopped my van (Veh. A GBC 9585 E) on lane 1 of Paya Lebar Road and Ubi Ave. 2 junction towards P.T.E, waiting for the traffic lights to turn green when Veh. B (SLD 5452 H) drove up from behind and collided into my van. My van sustained rear damages. No one was injured.

DECLARATION

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

03/03/2020
12.00 p.m

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

Sketch Plan Form 2