

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	09/06/2020 15:58
Date Of Accident	03/06/2020 12:50
Exact Location Of Accident	62A DEFU LANE (NINJA WAREHOUSE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA4441E
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	TOYOTA
Model	DYNA 150-3.0 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095634
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAZWAN BIN HASSAN
NRIC No	SXXXX728J
Date Of Birth	26/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2016
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87503799
Fax Number	
Contact Number	
EMail Address	IDRIS.JAILANI@NINJAVAN.CO

Address BLK 457 ANG MO KIO AVE 10 #02-1506
 Postcode 560457
 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 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) 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: : FEMALE

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 62A DEFU LANE - NINJA WAREHOUSE. VEHICLE B REVERSED AND KNOCKED ONTO THE FRONT PORTION OF MY VEHICLE. MY VEHICLE FRONT PORTION WAS DAMAGE AND VEHICLE B REAR PORTION WAS ALSO DAMAGE.

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 GBJ7194B
 Vehicle Make/Model/Colour TOYOTA / HIACE / WHITE
 Details Of Properties VEH B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver SITI NURSUFRINA BTE SELAMAT
 NRIC/Passport Number SXXXX948J
 Contact Number 88089240
 Address
 Postcode
 Insurance Company Name

Nature Of Damage
No. Of Passenger (Including Driver)

REAR PORTION
2

Sketch Plan

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 investigation) relating to my claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out or facilitating my claims process (including my response to any enquiries by me);
 - (iv) administering my claim (including the issuing of correspondence, statements, invoices, reports or notices to me, which could involve the use of my personal data about me to bring about delivery of the same as well as our the external cover of employees from the third party);
 - (v) complying with applicable laws relating to 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 will be disclosed to 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 be collected and used to compile a loss history for the purpose of fraud detection investigation and management of 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:

Reporting Centre Personnel's Signature
Name: Nh Yoo Han
NRIC/FIN No: S8240344B

9/6/2010 1419 hrs

SKETCH PLAN

A - GBA4441E

B - GBJ7194B



62A Defu Lane - Ninja Van Warehouse.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary parked at 62A Defu Lane - Ninja Van Warehouse.

Vehicle 'B' reverse & knocked onto the front portion of my vehicle.

My vehicle front portion was damage & vehicle 'B' rear portion was also damage.

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: 9/6/2020 1419

Reporting Centre Personnel's Signature
Name: NG YOW HAN
NRIC/FIN No.: S8240344B

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time : 16 Jun 2020 / 12:24:34

Receipt Date/Time : 16 Jun 2020 / 12:24:22

Tax Invoice/Receipt

Receipt No : ITNET-00000-200616-001511

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBJ7194B As at 09 Jun 2020/12:50:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBJ7194B Enquiry Fee 20200616122205029090	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	426588XXXXXX8946		eNETS Credit Card	7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.