

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	15/09/2020 21:07
Date Of Accident	15/09/2020 15:40
Exact Location Of Accident	CARPARK DRIVEWAY @ SENGKANG GENERAL HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3691E
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	MITSUBISHI
Model	FEB21CR4SDEB-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	BAO HONGJUN
Passport No/FIN	GXXXX457L
Date Of Birth	18/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2013
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81342999
Fax Number	
Contact Number	
EMail 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 - LESSEE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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) 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

ON 15/09/20, TIME AROUND 3:40PM, LOCATION IS AT THE LOADING/UNLOADING CARPARK EXIT TO ROAD AREA AT SENGKANG GENERAL HOSPITAL. I HAD JUST EXITED THE CARPARK AND BECAUSE MY VEHICLE IS LOADED WITH HEAVY GOODS, SO I DROVE SLOWER AS IT WAS AN UPSLOPE WITH A HUMP. AS I DROVE ALONG THE BEND, VEHICLE YP6623H WHOSE VEHICLE WAS BEHIND ME, SUDDENLY OVERTAKE ME FROM MY RIGHT SIDE. AS HE OVERTOOK MY VEHICLE, THE LEFT REAR OF HIS VEHICLE HIT ONTO THE RIGHT (FRONT) OF MY VEHICLE. AS A RESULT OF VEHICLE COLLIDING ONTO MY VEHICLE, MY RIGHT SIDE HEADLIGHT WAS SEVERELY DAMAGED. MY RIGHT SIDE DRIVER'S DOOR WAS DENTED AND DAMAGED. NO ONE WAS INJURED. DRIVER OF YP6623H OVERTOOK ME ALTHOUGH THAT THERE WAS DOUBLE WHITE LINE DRAWN ON THE ROAD.

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 YP6623H
 Vehicle Make/Model/Colour
 Details Of Properties VEH B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver SEBASTIAN ROY S/O MANOHAR
 NRIC/Passport Number SXXXX490Z
 Contact Number 87494652
 Address
 Postcode
 Insurance Company Name

6/25/2017

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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) 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;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders;

Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time

BAO

15/9/20

7:15p

Reporting Centre Personnel's Signature

Name

NRIC/IN No.

H

Jenny Ng

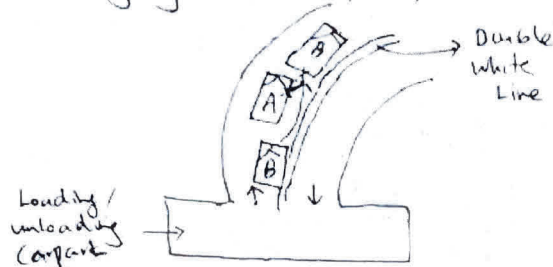
Sketch Plan #2

SKETCH PLAN

(Carpark Exit area to the road area
(Sengkang General Hospital))

(A) YP 3691 E

(B) YP 6623 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/9/20, time around 3.40pm. Location is at the unloading/loading carpark exit to road area at Sengkang General Hospital. I had just exited the carpark and because my vehicle is loaded with heavy goods, so I drove slower as it was an up slope with a hump. As I drove along the bend, vehicle YP 6623 H, whose vehicle was behind me, suddenly overtake me from my right side. As he overtook my vehicle, the left rear of his vehicle hit onto the right (front) of my vehicle. As a result of his vehicle colliding onto my vehicle, my right side headlight was severely damaged. My right side driver's door was also dented and damaged. No one was injured. Driver of YP 6623 H overtook me although there was double white line drawn on the road.

DECLARATION

We declare that the foregoing particulars are true in every respect

✓

Driver's Signature
of driver (not the policyholder)
Date & Time

7.15pm

15/9/20

Representing the Insured's Signature

Name
Jenny Ng