

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	12/11/2020 18:58
Date Of Accident	11/11/2020 11:45
Exact Location Of Accident	IMM LOADING / UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4796A
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	1XXXXX196N
Email Address	ISAACNGCL@GBL.COM.SG
Mobile Phone No	(LOCAL) +65-93533359
Alternative Phone No	OFFICE-64942897
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0 DX DIESEL TURBO AT 2WD LGV
Exact Purpose for which vehicle was being used at time of accident	DELIVERY
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	29131844
Cover Note Number	
Driver	
Name of Driver	CHUA CHEE SENG
NRIC No	SXXXX181B
Date Of Birth	06/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93533359
Fax Number	
Contact Number	
Email Address	EDBERT@138GP.COM.SG

Address	BLK 698B JURONG WEST CENTRAL 3 #12-67
Postcode	642698
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	COLLIDED INTO PARKED VEHICLE
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)	0

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 11/11/20, AT ABOUT 1130HRS, I PARKED MY VEHICLE GBG4796A AT IMM BUILDING LOADING / UNLOADING FOR DELIVERY. AT ABOUT 1145HRS, I WAS APPROACHED BY JANI (WITNESS) DELIVERYMAN AND INFORMED THAT VEHICLE YN2276M HIT ONTO MY LEFT SIDE MIRROR. I'M BACK TO VEHICLE AND REALISED MY LEFT SIDE MIRROR COVER WAS BROKEN AND LEFT SIDE BUMPER WAS SLIGHTLY CRACKED. ONCE THE DRIVER OF VEH B CAME, HE ADMITTED HIS FAULT. BUT HE CLAIMED HIS VEHICLE ONLY HIT ONTO MY VEHICLE'S LEFT SIDE MIRROR. NOBODY 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:

Vehicle Registration Number	YN2276M
Vehicle Make/Model/Colour	HINO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	98291943 / 81278990 (MANAGER)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

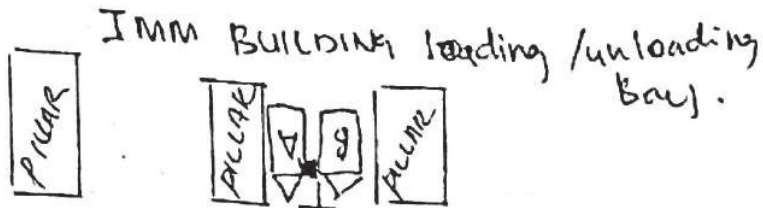
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 12/11/20 @ 1415H

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

SKETCH PLAN



A-GBG 4796A
B-YN 2276M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/11/20, at about 1130hrs, I was parked my vehicle GBG 4796A at IMM Building loading/unloading for delivery. At about 1145hrs, I was approached by Jani (witness) deliveryman and informed that vehicle YN 2276M was hit onto my left side mirror. I back to vehicle and realised my left side mirror cover was broken and left side bumper was slightly cracked. Once the driver veh-B came, he admitted his fault. But he claimed his or vehicle only hit onto my vehicle left side mirror. Nobody was injured.

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: 12/11/2021/154

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