

# 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 Submission ..... 14/01/2021 13:33 (SGT)  
Date of Accident ..... 13/01/2021 17:45 (SGT)  
Exact Location of Accident ..... Truro Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE9977Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GOLDBELL LEASING PTE LTD  
Company Reg No ..... 1XXXXX196N  
Email Address ..... isaacngcl@gbl.com.sg  
Mobile Phone No ..... (Phone) +65-90667240  
Alternative Phone No ..... (Office) +65-64942897

### VEHICLE PARTICULARS

Manufacturer ..... Fiat  
Model ..... Doblo  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... First Capital  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... D-20095634  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RATHINAM DAVID  
Passport No/FIN ..... FXXXX406K  
Date Of Birth ..... 04/07/1971  
Occupation ..... Outdoor

Date Of Driving Pass .....	12/03/2013
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90667240
Alt. Phone Number .....	-
Email Address .....	CHEEHAO.NG@OTIS.COM
Address .....	C/O 8 KALLANG AVENUE #07-01/09 APERIA TOWER
Address complement .....	-
Postcode .....	339509
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Opening Door of Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 13/1/2021 AT ABOUT 1745HRS , I WAS DRIVING MY VEHICLE GBE9977Y ( VEH A ) ALONG TRURO ROAD. WHILE DRIVING STRAIGHT, VEHICLE GBK6187Z ( VEH B ) WAS PARKED ALONG ROADSIDE. VEHICLE B NEVER INDICATE ANY SIGNAL. SO I OVERTOOKED THAT VEHICLE B. SUDDENLY , VEHICLE B RIGHT SIDE DOOR WAS OPENED AND HIT ONTO MY LEFT SIDE MIRROR. MY LEFT SIDE MIRROR WAS SCATTERED. EXCHANGED PARTICULARS. NO DAMAGE ONTO VEHICLE B. 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 1

Vehicle Registration Number .....	GBK6187Z
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Nv350
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ALEX WANG XIANG YI
NRIC No .....	SXXXX529J
Contact Number .....	(Phone) +65-88872810

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
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.

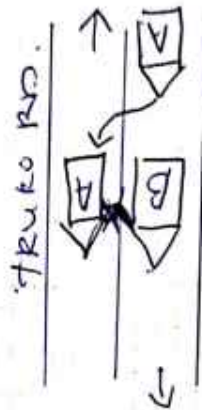
Policyholder's Signature  
Date & Time:

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

13/1/21 - 1915H

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

SKETCH PLAN



A - GBE 99774

B - GBK 61872

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/1/20 at about 1745hrs, I was driving my vehicle GBE 99774 along TRUCK RD. while driving straight, vehicle B - GBK 61872 was parked along roadside. VEHICLE-B. never indicated any signals. so I overtook that vehicle. while I overtook vehicle B, suddenly vehicle B - GBK 61872 right side door was opened and hit onto my left side mirror. my left side mirror was shattered. Exchanged particulars. No damage onto vehicle B. 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

Reporting Centre Personnel's Signature  
Name  
NRIC/PIN No.

13/1/21 - 1915H









































