

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 01/02/2021 20:44 (SGT)
Date of Accident 01/02/2021 09:20 (SGT)
Exact Location of Accident 405 Ang Mo Kio Ave 10, Block 405, Singapore 560405
Additional Location Information CARPARK LOT NO 117
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX8207L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH GOU SEE STEPHEN
NRIC No SXXXX552J
Email Address sgoh24@gmail.com
Mobile Phone No (Phone) +65-98484323
Alternative Phone No +65-98484323

VEHICLE PARTICULARS

Manufacturer Nissan
Model QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1197

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D-20096643MVPC
Cover Note Number -

DRIVER

Name of Driver GOH GOU SEE STEPHEN
NRIC No SXXXX552J

Date Of Birth	24/04/1944
Occupation	Indoor
Date Of Driving Pass	06/08/1962
Driving experience	58 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98484323
Alt. Phone Number	+65-98484323
Email Address	sgoh24@gmail.com
Address	BLK 402 ANG MO KIO AVE 10
Address complement	#19-611
Postcode	530402
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

PLS REFER TO THE ATTACHED STATEMENT.

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	YM9241Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAHMAN ANISUR
Contact Number	(Phone) +65-90387589
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

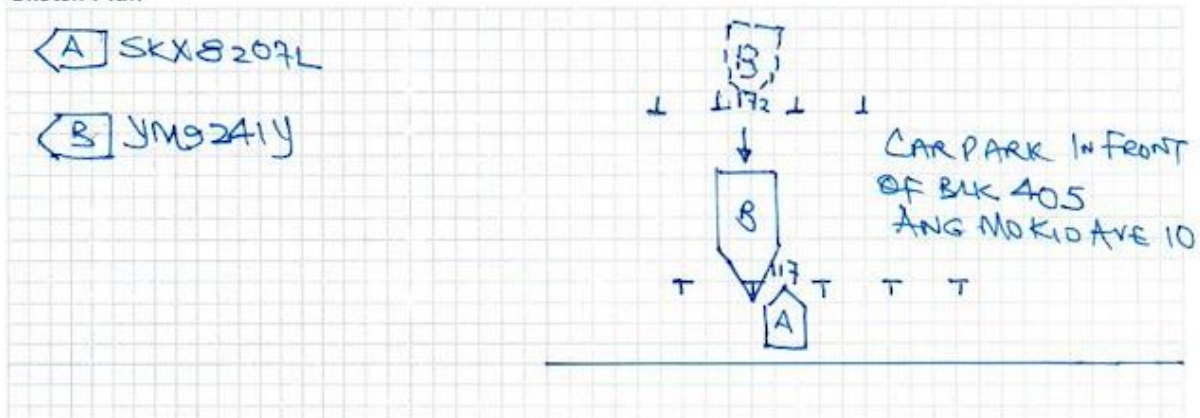
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO REPORT

We declare the foregoing particulars are true in every respect.

[Signature]

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

2/2/21 01/02/21

Witnessed by Reporting Centre
Personnel

On 31/01/2021 at about 1600 hours, I parked my vehicle (Regn No: SKX8207L) in Lot No: 117 in front Blk 405 Ang Mo Kio Avenue 10 and went home.

On 01/02/2021 at about 0920 hours, I went back to my vehicle. At that time, I saw 2 Bangladeshi workers waiting at my vehicle. There one of the workers, Mr Rahman Anisur (FIN: G2837388R) approached me and told me that his lorry (Regn No: YM9241Y) belonging to his employer, Lam Chee Group which he had parked in Lot 172 and directly opposite my lot, had rolled forward and collided into the front left portion of my parked vehicle (SKX8207L). He admitted that the accident was due to his gross negligence as he had forgotten to engage the hand brakes properly.

As a result of the accident, the front left portion of my stationary vehicle was damaged.

Later I spoke with his Operation Manager, Mr Jonathan Wu who advised me to lodge a claim against his company's lorry's insurance policy.

Fortunately no one was injured.























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0921210018 Vehicle Registration No: SKX8207L
 Name (as shown in NRIC): GOH GOH SEE STEPHEN NRIC/FIN/Passport No: SKXXX552J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 402 AMK AVE 10 # 19-611 Singapore (530402)
 Contact (Tel): _____ Mobile No.: 98484323
 Email Address: _____
 Date of Accident: 31/01/21 Time of Accident: 1600
 Place of Accident: 405 AMK AVE 10 CARPARK LOT 117
 Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AND TIME
AMEND DATE OF ACCIDENT SHOULD BE ON
0900 hours

Policyholder / Driver's Signature
 Date:

2/2/21 20/03/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: