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 witholding 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.

- 4. The issue and acceptance 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 25/03/2021 10:37 (SGT) Date of Accident 24/03/2021 12:30 (SGT) Exact Location of Accident Singapore Additional Location Information FILTER LANE OF TAMPINES ROAD TO GREENWICH DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4214S

INSURED/POLICYHOLDER

Is company? GOLDBELL LEASING PTE LTD & / OR DHL EXPRESS (S) PTE Name Of Registered Owner LTD Company Reg No 199001196N Email Address choon.hockwee@dhl.com Mobile Phone No (Phone) +65-97966516 Alternative Phone No +65-97966516

VEHICLE PARTICULARS

Manufacturer Toyota Model HIACE VAN TURBO 5DR MT Variant 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 - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage ActLiability Fleet Policy Yes Policy Number 29/07/2020 to 28/07/2021 Cover Note Number 100881314

DRIVER

Name of Driver MUHAMMAD SYAHRUL QAWI BIN PUNGOT NRIC No S8408358F Date Of Birth 22/03/1984 Occupation Outdoor Date Of Driving Pass 03/05/2013 Driving experience 7 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-81585454 Alt. Phone Number Email Address choon.hockwee@dhl.com Address APT BLK 676B YISHUN RING ROAD #12-1916 (S) 762676 Address complement Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 - Major/Minor Rd Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 24/03/2021 AT AROUND 1230HRS, I DROVE MY VAN GBK4214S AT FILTER LANE OF TAMPINES ROAD.THERE WAS A VAN IN FRONT OF ME MOVED OUT. I CHECK ON MY RIGHT TRAFFIC CLEAR AND WAS INCHED OUT A BIT, SUDDENLY LORRY YP7008C APPEAR FROM MY RIGHT, THEN I BRAKED AND HE DRIVING STRAIGHT SIDE SWIPE MY VAN FRONT RIGHT PORTION. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 YP7008C

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver

Contact Number	-
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

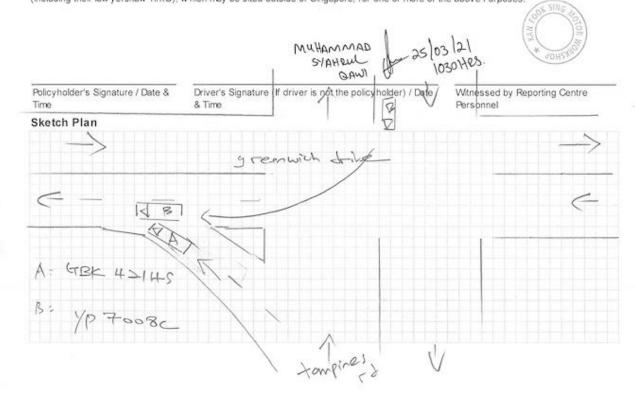
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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. The 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.
- 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.



Describe Circumstances of the Accident	
01 24/3/2021 at around 1230 pro, 1 grow	e ng
Von GBE HOLLS at filter box of tax	pibes
rand. There was a van in front of me prove	d at
I check on my right traffic clear or	
inched out a bit, suddenly long you for	
appear from my right, then I - bridged	
he deiving straight side shipe my to	
front right pertion.	

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

yer's Signature (If driver is not the policyholder) / Date ime

WOOSENSOON WAS NOON WANT WAS NOON WAS NOON WAS NOON WAS NOON WAS NOON WAS N

Witnessed by Reporting Centre Personnel

