

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 05/04/2021 14:15 (SGT)
Date of Accident 03/04/2021 20:55 (SGT)
Exact Location of Accident Hillview Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF772A

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) +65-93827710
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 Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 1598

INSURANCE COMPANY

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

DRIVER

Name of Driver TNG AH CHYE
NRIC No SXXXX338H

Date Of Birth	29/08/1966
Occupation	Outdoor
Date Of Driving Pass	23/01/1989
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93827710
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 56 BUKIT BATOK EAST AVENUE 5 #17-08
Address complement	-
Postcode	659804
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 - Change/cross lane
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 03/04/2021 AT AROUND 2055HRS, I WAS DRIVING MY VEHICLE A GBF772A ALONG HILLVIEW ROAD ON THE LEFT LANE. IT WAS A MERGING LANE AHEAD AND THERE WAS NO VEHICLE BESIDE ME ON MY RIGHT. AS I WAS NEARING THE END OF THE MERGING LANE, SUDDENLY VEHICLE B SLU170P CAME FROM THE REAR RIGHT AT A FAST SPEED AND TRIED TO MERGE IN. THIS HAS CAUSE BOTH OUR SIDE MIRRORS TO COME INTO CONTACT. THERE WAS A SLIGHT SCRATCH ON MY SIDE MIRROR. THERE WAS NO INJURIES.

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	SLU170P
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PARVINDAR SINGH

NRIC No	SXXXX055D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

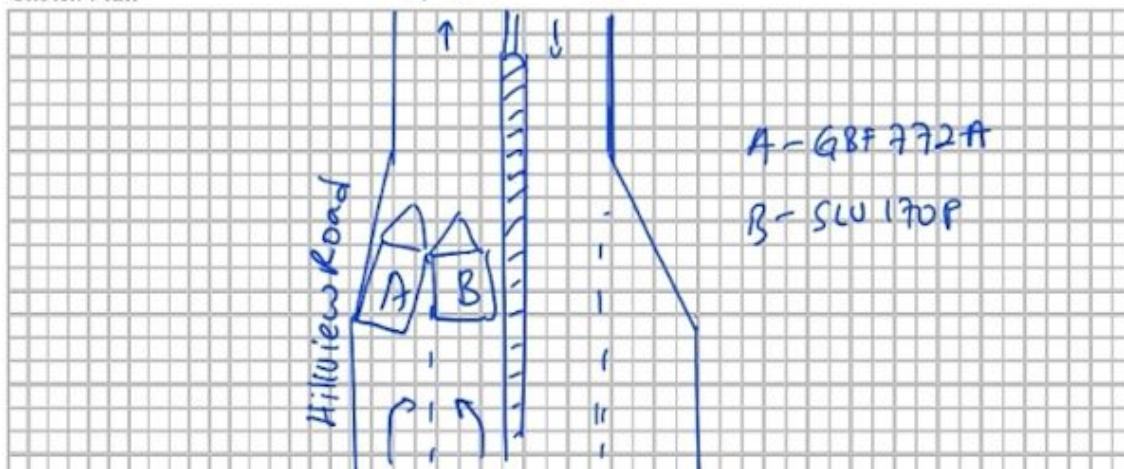
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7. By the lodgement of this report to the insurers, you have consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA) I understand, acknowledge, 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 a) insurer(s) who have insured vehicle(s) involved in this accident; a) 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/authorities (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) a) 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 based 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 Person
KHAIRUL

Sketch Plan



Describe Circumstances of the Accident

On 030421 at around 2055hrs i was driving my vehicle A GB F772A along Hillview Road on the left lane. It was a merging lane ahead and there was no vehicle beside me on my right. As i was nearing the end of the merging lane, suddenly vehicle B SLU170P came from the rear right at a fast speed and tried to merge in. This has cause both our side mirrors to come into contact. There was a slight scratch on my side mirror. There was no injuries.

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

4/4/21 1130

Witnessed by Reporting Personnel

KHAIRUL



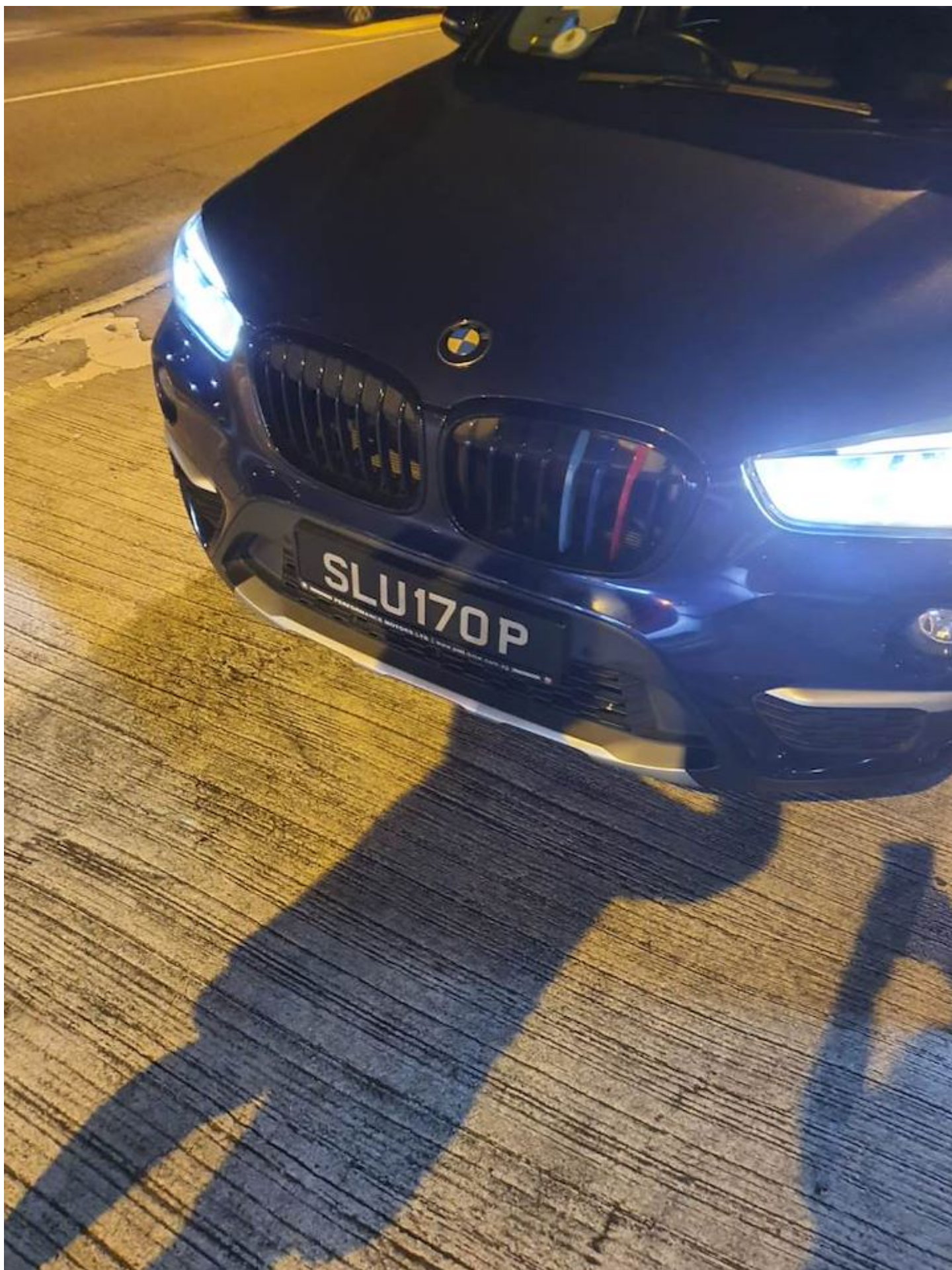














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA0G21450006 Vehicle Registration No: GBF772A
Name(as shown in NRIC) : GOLDBELL LEASING PTE LTD NRIC/FIN/Passport No : 199001196N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 14 BENOI ROAD Singapore(629887)
Contact (Tel) : 64942897 Mobile No. : _____
Email Address : _____
Date of Accident : 03/04/2021 Time of Accident : 20:55hrs
Place of Accident : Hillview Rd
Insurance Company : MS First Capital Insurance Ltd

(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:

- Change driving pass date to 23/01/1989

Policyholder / Driver's Signature
Date:

GA

Reporting Centre Personnel's Signature
Name: Ashikin
NRIC/FIN No.:
Date: 05/04/2021