

## 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	21/04/2021 19:34 (SGT)
Date of Accident	21/04/2021 14:55 (SGT)
Exact Location of Accident	Mackenzie Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7920J
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) +65-87484892
Alternative Phone No	(Office) +65-64942897

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

### 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	ABDUL HALIM BIN ABD HAMID
NRIC No	SXXXX897Z

Date Of Birth	21/10/1983
Occupation	Outdoor
Date Of Driving Pass	01/07/2016
Driving experience	4 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87484892
Alt. Phone Number	-
Email Address	muhammad.nazree@urbanfox.asia
Address	BLK 4 MARSILING ROAD #04-5035
Address complement	-
Postcode	730004
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 - Major/Minor Rd
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 21/4/2021 @ 1455HRS, I WAS DRIVING MY VEHICLE GBC7920J ALONG MACKENZIE RD. AFTER I STOPPED MY VEHICLE ALONG ROADSIDE I START TO DRIVE. WHILE DRIVING STRAIGHT, SUDDENLY VEHICLE GBK6696X FROM OPPOSITE DIRECTION, WITHOUT INDICATING ANY SIGNAL MADE A RIGHT TURN AND HIT ONTO MY VEHICLE. NOBODY WAS INJURED AT THE POINT OF ACCIDENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK6696X
Vehicle Manufacturer	Renault
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TERENCE
Contact Number	(Phone) +65-96508807

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 other third party service providers or Agents (including their lawyers/law firms), which may be outside of Singapore for one or more of the above Purposes;
  - (d) my Personal Information will also be collected and used for my 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.

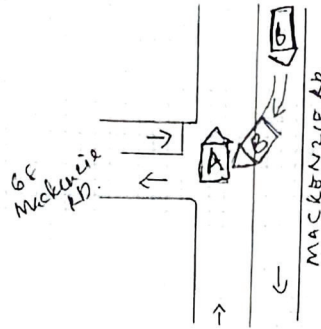
Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time 21/11/21 - 1630H

Reporting Centre Personnel's Signature  
Name: Chen Wenzhi  
NRIC/ID No.

SKETCH PLAN #2

SKETCH PLAN



A - GBC 7920J  
B - 4BK 6696X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/4/2021 @ 1455hrs, I was driving my vehicle GBC 7920J along Mackenzie Rd. After parked stopped my vehicle along roadside I started to drive while driving straight, suddenly vehicle 4BK 6696X from opposite direction without indicate any signal was make a left right turn and hit onto my vehicle. Nobody was injured at the point of accident.

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: 21/4/2021 - 1630H

Reporting Centre Personnel's Signature  
Name: Khubacay  
NAC/FIN No: