

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	22/05/2021 11:47 (SGT)
Date of Accident	12/05/2021 10:00 (SGT)
Exact Location of Accident	Woodlands Industrial Park D St 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8196K
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) +65-98793782
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	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	29131844
Cover Note Number	-

DRIVER

Name of Driver	LAU BOON HWEE(LIU WENHUI)
NRIC No	SXXXX314F

Date Of Birth 30/04/1975
 Occupation Outdoor
 Date Of Driving Pass 24/08/1999
 Driving experience 21 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98793782
 Alt. Phone Number -
 Email Address isaacngcl@gbl.com.sg
 Address BLOCK 178 EDGEFIELD PLAINS
 Address complement #09-230
 Postcode 820178
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 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 Collided into Parked 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) 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

ON 12052021 AT AROUND 1000HRS, I HAD PARKED MY VEHICLE A GBF8196K ALONG WOODLANDS INDUSTRIAL PARK D STREET 1 TO DO SOME WORK AT THE ROAD SIDE WHEN SUDDENLY VEHICLE B YQ1811J CAME AND REVERSED INTO MY VEHICLE. MY COLLEAGUES SHOUTED AT HIM TO STOP BUT HE STILL REVERSED INTO ME. THERE WAS SOME DAMAGES TO MY FRONT BONNET. 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 YQ1811J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour White
 Vehicle Category Commercial vehicle
 Name of Driver RAJKANNU PALANICHAMY
 Work Permit No GXXXX150W

Contact Number	(Phone) +65-85912824
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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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' 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.

Policyholder's Signature / Date & time

Sketch Plan

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

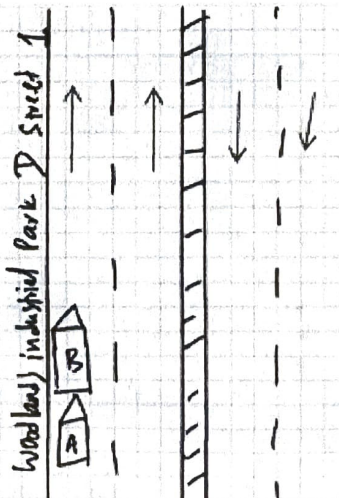
12/5/21

12/5

Witnessed by Reporting Personnel

KHA/KW

A-GBF 8196K
B-YQ 1811J



Describe Circumstances of the Accident

On 120521 at around 1000hrs, i had parked my vehicle A GBF8196K along woodlands industrial park D Street 1 to do some work at the road side when suddenly vehicle B YQ1811J came and reversed into my vehicle. My colleagues shouted at him to stop but he still reversed into me. There was some damage to my front bonnet. 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

Witnessed by Reporting Personnel

12/5/21 1215

KHAIRUL