

SA0G21990003 / Aspectus Consultancy Pte Ltd
ENTRY DATE & TIME: 09/09/2021 15:12 (SGT)
SUBMITTED BY: Suria
VERSION: 1 (09/09/2021 15:12 (SGT))

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 this report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	09/09/2021 15:12 (SGT)
Date of Accident	09/09/2021 12:20 (SGT)
Exact Location of Accident	Hougang Ave 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6193U
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) +65-87773251
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	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097582MFCV
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON CHIN
NRIC No	SXXXX379I

Date Of Birth	23/04/1962
Occupation	Outdoor
Date Of Driving Pass	25/05/2001
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87773251
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 499 JURONG WEST STREET 41 #10-814
Address complement	-
Postcode	640499
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 - Head to Rear
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

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 09/09/2021 AT ABOUT 12:20HRS. I WAS DRIVING VEHICLE A, SLS6193U TRAVELLING ALONG HOUGANG AVE 8 AT THE MOST LEFT LANE. AS I WAS APPROACHING AN CONTROLLED CROSS JUNCTION AND IT WAS A GREEN LIGHT. AFTER PASSING BY THE TRAFFIC LIGHT, THERE WAS A MERGING LANE AHEAD OF ME AND I STILL STAYED ON MY MOST LEFT LANE. SUDDENLY I HEARD A BANG SOUND COMING FROM MY LEFT REAR SIDE AND I RELEASED VEHICLE B WHO WAS FROM THE SLIP ROAD HAS HIT ONTO MY VEHICLE.

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

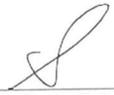
Vehicle Registration Number	SFU106Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN POH KHIM
NRIC No	SXXXX071G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 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	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time 14:15 01.09.21	 _____ Witnessed by Reporting Centre Personnel MD NAZARIN	
 Hougang Ave 8			A-SLSL1930 B-SFU1067

Describe Circumstances of the Accident

ON 09/09/2021 AT ABOUT 12:20HRS. I WAS DRIVING VEHICLE A, SLS6193U TRAVELLING ALONG HOUGANG AVE 8 AT THE MOST LEFT LANE. AS I WAS APPROACHING AN CONTROLLED CROSS JUNCTION AND IT WAS A GREEN LIGHT. AFTER PASSING BY THE TRAFFIC LIGHT, THERE WAS A MERGING LANE AHEAD OF ME AND I STILL STAYED ON MY MOST LEFT LANE. SUDDENLY I HEARD A BANG SOUND COMING FROM MY LEFT REAR SIDE AND I REALISED VEHICLE B WHO WAS FROM THE SLIP ROAD HAS HIT ONTO MY VEHICLE.

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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 14:15 09.09.21



Witnessed by Reporting Centre Personnel MD NAZRIN