

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

21/10/2021 22:30 (SGT) 20/10/2021 17:30 (SGT) Singapore KJE TO BKE BEFORE EXIT 2. Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF9562E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No Yes

GOLDBELL LEASING PTE LTD 1XXXXXX96N

IsaacNgCL@goldbellcorp.com (Phone) +65-64942888 (Office) +65-64942888

VEHICLE PARTICULARS

Manufacturer

Model 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? Vehicle Category

Transmission CC

CANTER (CBU) FEA01BR2SDEB

Private hire

No - Claiming third party Commercial vehicle

Manual 0

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number MS First Capital Insurance Ltd

ThirdParty Yes

D-21097582MFCV

DRIVER

Name of Driver Passport No/FIN

XIE ZHIHE GXXXX581R



Date Of Birth 05/11/1983 Occupation Outdoor Date Of Driving Pass 30/08/2019

Driving experience 2 YEARS AND 2 MONTHS

Gender Male

Mobile Number (Phone) +65-96886995

Alt. Phone Number

Email Address sgnewcl@gmail.com Address 185: BOON LAY AVE

Address complement #18-138 Postcode S640185 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 Chain Collision Weather Conditions Raining Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 2 Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

PASSENGER 1

Name NO DETAIL 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 THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD WHEN A CHAIN COLLISION OCCURRED. THREE VEHICLES WERE INVOLVED INCLUDING MINE AND I WAS THE VEHICLE IN THE MIDDLE. NO ONE WAS INJURED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLZ8377G Vehicle Manufacturer Nissan Vehicle Model Note Vehicle Variant



Vehicle Colour Vehicle Category Name of Driver

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

Red

Private car

SYED LOQMAN BIN MOHAMED HANIF A

SXXXX252A

(Phone) +65-92367461

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

YQ3064K Hino XZU710R

Black

Commercial vehicle

DHANARAJ S/o DHARMALINGAM

SXXXX484E

(Phone) +65-98508512

SKETCH PLAN

IMPORTANT NOTICE

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment 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 :
 - 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' Tawyers/Taw 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
- (d) my Personal Information will also be collected and used to compile 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. VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature Name NRIC/FIN No...

Ver. 30042021 ACCIDENT DIAGRAM KJE TO BKE. ST OONTAG & DIE CONTACT AS GBF 9562 E 8. SLZ8377G C: Y03064K. VERIFIED BY AJAX MARS (ARC) REPORTING OFFICER HASHIM BIN KAMARI Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Date & Time: NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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:

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER HASHIM BIN KAMARI

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

YQ3064K

Date of Accident

20/10/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ERGO Insurance Pte. Ltd.

Period of Insurance 30/11/2020 - 29/11/2021

Requested By Susan Low (Liu's Brother Auto...

Requested Date 22/10/2021 15:41

Payment details

Request Amount: \$\$1.87 GST Amount: \$\$0.13

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	196N	
Vehicle No.:	GBF9562E	
Vehicle to be Exported:	No	
ntended Deregistration Date:	25 Oct 2021	
Vehicle Make:	MITSUBISHI	
Vehicle Model:	CANTER FEA01BR2SDEB (CBU)	
Primary Colour:	White	
Manufacturing Year:	2016	
Engine No.:	4P10C48613	
Chassis No.:	FEA01BA20580	
Maximum Power Output:		
Open Market Value:	\$26,857.00	
Original Registration Date:	28 Apr 2017	
First Registration Date:	28 Apr 2017	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$1,343.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	27 Apr 2027	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$45,568.00	
COE Rebate Amount:	\$25,087.00	
Total Rebate Amount:	\$25,087.00	

The information contained herein is correct as at 25 Oct 2021