

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 24/12/2021 09:53 (SGT)
Date of Accident 23/12/2021 17:10 (SGT)
Exact Location of Accident 7 Gul Cir, Singapore 629563
Additional Location Information LEVEL 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP2092R

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) +65-64942833
Alternative Phone No (Office) +65-64942833

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FK62FMZ1RDEB
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 7545

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 MOHAMED IQBAL BIN MOHD AMIZAD
NRIC No SXXXX907E

Date Of Birth	17/06/1996
Occupation	Outdoor
Date Of Driving Pass	05/09/2017
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84982944
Alt. Phone Number	-
Email Address	sean.tan@gatewayes.com
Address	BLK 445A BUKIT BATOK WEST AVE 8 #02-425
Address complement	-
Postcode	651445
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 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	NOT APPLICABLE
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 23/12/2021 AT ABOUT 5:10PM, I WAS AT 7 GUL CIRCLE WAREHOUSE TO COLLECTING CARGO. I COLLECTED CARGO AT LEVEL 5 AND GOING DOWN TO LEVEL 4 FOR ANOTHER CARGO COLLECTION. WHEN I WAS TURNING IN TO LEVEL 4, ON MY RIGHT SIDE VEHICLE B (YM8385Y) SUDDEN REVERSED AND HIT TO MY REAR RIGHT SIDE SLIDING DOOR. MY VEHICLE RIGHT SIDE SLIDING DOOR TOP AND BOTTOM PORTION WAS SCRATCHES AND DENTED. VEHICLE B'S BEHIND DOOR WAS DAMAGED. NO ONE WAS INJURED.

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	YM8385Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM MENG JUM
NRIC No	SXXXX156H
Contact Number	(Phone) +65-97486328
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	1





























