# **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 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.

- 4. The issue and acceptance 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 Mitsuhishi 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 Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	17/06/1996 Outdoor 05/09/2017 4 YEARS AND 3 MONTHS Male (Phone) +65-84982944 - sean.tan@gatewayes.com BLK 445A BUKIT BATOK WEST AVE 8 #02-425 - 651445 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2 No
PASSENGER 1	
Name Gender	NOT APPLICABLE Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
LEVEL 5 AND GOING DOWN TO LEVEL 4 FOR ANOTHER CARRIGHT SIDE VEHICLE B (YM8385Y) SUDDEN REVERSED AND	AREHOUSE TO COLLECTING CARGO. I COLLECTED CARGO AT GO COLLECTION. WHEN I WAS TURNING IN TO LEVEL 4, ON M HIT TO MY REAR RIGHT SIDE SLIDING DOOR. MY VEHICLE S SCRATCHES AND DENTED. VEHICLE B'S BEHIND DOOR WAS
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	YM8385Y - -

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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
- 7. 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:
  - (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.
- (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.

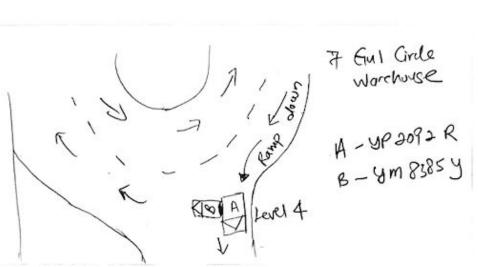
Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time: 3 12 3

Reporting Centre Personnel's Signature Name: Jesu 4 (12)6 NRIC/FIN No.: 5XXXX 872/6

## SKETCH PLAN



DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
00 23/12/2021	at about 5:10 pm , 2 ,	was at 7 ful Gircle
warehouse to	Collecting Cargo. I collecte	
and guing du	n to level 4 For another	er cargo collection.
when I was	turning in to level 4	, on my right side
reliable 8 ( y)	n 8385 y) sudden rover	sed and hit to my
rear side s	iding door.	-
My rehide.	right side sliding downscatches and dented,	or Top a bottom.
portion was	scatches and dented,	vehide e (ym 83854)
behind door	Was damage . No one	is injured.
	9	
DECLARATION		
I/We declare the foregoing parti	culars are true in every respect.	12
	1/0-	/19" X
	6	' V /
Policyholder's Signature	Oriver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time: 15   12   21	Name: Jesse NY 812K
	egyspm.	3















