

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 04/08/2021 16:11 (SGT)
Date of Accident 27/07/2021 15:00 (SGT)
Exact Location of Accident 158 Cecil St, Singapore 069545
Additional Location Information CARPARK ENTRANCE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC4510D

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 Toyota
Model Hiace
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
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 SHAFIE BIN AHMAD
NRIC No SXXXX764E

Date Of Birth	17/03/1962
Occupation	Outdoor
Date Of Driving Pass	13/10/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98881703
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 426 CLEMENTI AVE 3 #04-492
Address complement	-
Postcode	120426
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	1
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 27/07/2021, TIME AROUND 3PM. LOCATION WAS AT THE CARPARK ENTRANCE OF 158 CECIL STREET. THE CARPARK BARRIER DOES NOT OPEN UP WHEN I WAS TRYING TO ENTER; SO I HAD TO REVERSE MY VEHICLE A BIT AND TO TRY TO MOVE FORWARD TO ENTER AGAIN. NOT SURE WHY SUDDENLY MY VEHICLE ACCELERATED FORWARD, HENCE HITTING ONTO THE BARRIER. AFTERWHICH, I PARKED MY VEHICLE AND THEN I WENT TO STRAIGHTEN BACK THE BARRIER; AND THEN I CONTINUED TO MAKE MY DELIVERY. LATER ON THE SAME DAY, MY SUPERVISOR HAS INFORMED ME THAT SOMEONE HAS CALLED UP TO MY COMPANY AND INFORMED THEM THAT I HAD DAMAGED THE CARPARK GANTRY BARRIER. MY VEHICLE HAS NO DAMAGES. BUT I SUSPECT THAT THIS VEHICLE THAT I AM DRIVING HAS SOME PROBLEM; ESPECIALLY THE GEAR.

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	DAMAGE TO CARPARK GANTRY BARRIER
Details of property damaged in accident	PROPERTY
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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:

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

✓ *[Signature]*

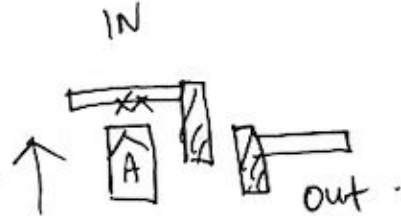
[Signature]

2.40 pm
4/8/21

Jenny Ng

SKETCH PLAN

Carpark Entrance at 158 Cecil Street (A) GBC 4510D.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/7/21, time around 3pm. Location was at the carpark entrance of 158 Cecil Street. The carpark barrier does not open up when I was trying to enter, so I had to reverse my vehicle a bit and to try to move forward to enter again. Not sure why suddenly my vehicle accelerated forward, hence hitting onto the barrier. After which, I parked my vehicle and then I went to straighten back the barrier, and then I continued to make my delivery. Later on the same day, my supervisor has informed me that someone has called up to my company and informed them that I had damaged the carpark gantry barrier. My vehicle has no damages. But I suspect that this vehicle that I am driving has some problem, especially the gear.


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:

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

✓ 
4/8/21
2.40pm


Jenny Ng



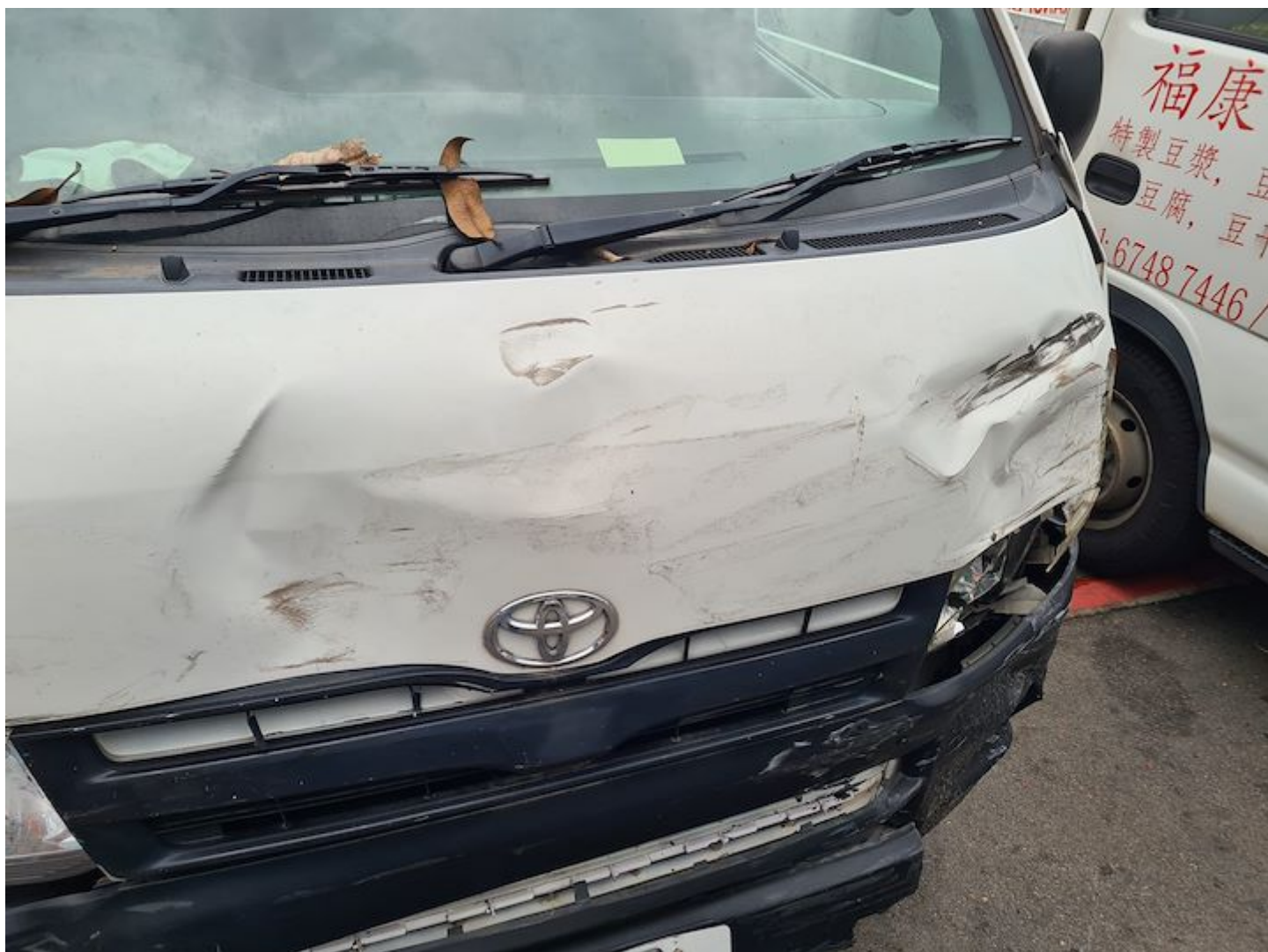














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS1821840001 Vehicle Registration No: GBC 4510D

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 27.07.2021 Time of Accident: 1500 HRS

Place of Accident: CARPARK ENTRANCE @ 158 CECIL ST

Insurance Company: MSIG INS

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To upload vehicle photos



Policyholder / Driver's Signature
Date:



[Handwritten Signature]

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