

# 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 16:32 (SGT)  
Date of Accident ..... 27/07/2021 19:00 (SGT)  
Exact Location of Accident ..... 5 Eunos Cres, Singapore 400005  
Additional Location Information ..... CARPARK  
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 Parked Vehicle
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) .....	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? .....	Yes
Police Station Name .....	Kolam Ayer Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002969999
Alt. Police Station Phone No .....	(Fax) +65-62937659
Police Station Address .....	Blk 72 Geylang Bahru #01-3038 Singapore 330072
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20210803/2083

#### 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 .....	SGG20Y
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	YONG EE HWA
NRIC No .....	SXXXX039Z
Contact Number .....	(Phone) +65-97500020
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEH B
No. Of Passenger (Including Driver) .....	0

**SKETCH PLAN****IMPORTANT NOTICE**

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5. 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 interested parties.
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.:

Accident Report Form

4/8/21  
2.25pm

Jenny Ng




**SINGAPORE  
POLICE FORCE**


T/20210803/2083

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Report No. T/20210803/2083

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
03/08/2021 19:12

Vide Report No.:

Station Diary No.:  
37

**Informant's Particulars**

Name of Informant: SHAFIE BIN AHMAD		Address: APT BLK 426 CLEMENTI AVENUE 3 #04-492 SINGAPORE 120426	
ID Type / ID No.: NRIC NO / S1538764E		Contact No.: Home/Office: Mobile: 98881703	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 17/03/1962	Type of Informant: Driver
Race: Boyanesse		Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/07/2021 19:00	Type of Location: Car Park
Location: EUNOS CRESCENT			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4510D	Van	TOYOTA		White		0
SGG20Y	Car	BMW				0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No. 1800-2960999



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Report No. T/20210803/2083

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	SHAFIE BIN AHMAD		ID No.	S1538764E
Related Vehicle	GBC4510D (Van)		Contact No.	98881703
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Vehicle Owner</b>				
Name	YONG EE HWA		ID No.	S2689039Z
Related Vehicle	SGG20Y (Car)		Contact No.	97500020
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 27/07/2021 at about 1900hrs to 2000hrs, I was driving my company van (GBC4510D) to do delivery to 7/11 at Blk 1A Eunos Cres. Subsequently, after I have completed my delivery, I drove my company van out of Blk 5 Eunos Cres carpark. I didn't notice that I have hit or scrap onto anything as there was no sound or impact.


Subsequently, on the 29/07/2021 at about 1733hrs, my supervisor Stephen then sent me a police report (T/20210728/2046), stating that the company van (GBC4510D) was involved in an accident on the 27/07/2021 at about 1905hrs with a parked car (SGG20Y) at Blk 5 Eunos Cres carpark (GEEC3).

The owner of SGG20Y state in the report that at about 2100hrs, when he returned to his vehicle, there was a note placed on the car stating that a witness saw my company van knocked onto the right side of SGG20Y when leaving the carpark at about 1931hrs.


The owner of SGG20Y state that there were some scratches and dents on the right side of the vehicle.

I wish to state that I did no hear or felt anything when I was driving inside of the carpark. I wish to further state that I did not make a check on my company van as I did not know it was involved in an accident. I wish to state that I am unsure how my company van hit onto SGG20Y or if it even hit the vehicle.

That is all.

 **SINGAPORE  
POLICE FORCE**

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72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No. 1800-2969999

  
T/20210803/2083

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Report No. T/20210803/2083

CONTINUATION OF REPORT