



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	01/02/2022 10:46 (SGT)
Date of Accident	31/01/2022 11:10 (SGT)
Exact Location of Accident	175 Ang Mo Kio Ave 4, Block 175, Singapore 560175
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF390T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	DXXXX7582
Email Address	isaacngcl@gbl.com.sg
Mobile Phone No	(Phone) +65-97548780
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D21097582
Cover Note Number	-

DRIVER

Name of Driver	PANDI MANI
Work Permit No	GXXXX506N

Date Of Birth	19/05/1984
Occupation	Outdoor
Date Of Driving Pass	10/05/2016
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97548780
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 173, LORONG 1 TOA PAYOH 04 #711
Address complement	-
Postcode	310173
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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 31/1/22 AT ABOUT 1110HRS, I WAS IN VEHICLE A, (GBF390T) STATIONARY BESIDE LOT 167 LOCATED AT BLK 175 ANG MO KIO AVE 4 CARPARK. VEHICLE B, (SJE2078T) WAS IN FRONT OF MY VEHICLE. I BEND DOWN TO PICK UP SOME STUFF THAT FELL IN MY VAN AND I FELT AN IMPACT COMING FROM THE FRONT OF MY VEHICLE. I LOOK UP AND SAW VEHICLE B TRIED TO REVERSED INTO LOT 167 AND COLLIDED WITH MY VEHICLE. NO POB. NO INJURY. CONTACTS EXCHANGED.

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

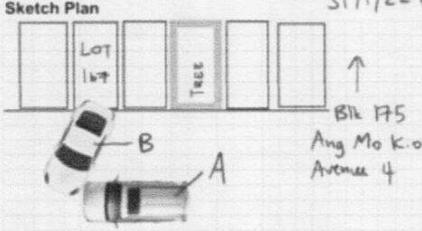
Vehicle Registration Number	SJE2078T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98314543

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time <hr/>	Driver's Signature (If driver is not the policyholder) / Date & Time <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Mauris</div> <hr/> 31/1/22 @ 1335h	Witnessed by Reporting Centre Personnel <div style="text-align: center; font-family: cursive; font-size: 1.2em;">J. Amar</div> <hr/>
Sketch Plan 		
A-GBF390T B-SJE2078T		

Describe Circumstances of the Accident

ON 31/1/22 AT ABOUT 1110HRS, I WAS IN VEHICLE A, GBF390T STATIONARY BESIDE LOT 167 LOCATED AT BLK 175 ANG MO KIO AVE 4 CARPARK. VEHICLE B, SJE2078T WAS IN FRONT OF MY VEHICLE. I BEND DOWN TO PICK UP SOME STUFF THAT FELL IN MY VAN AND I FELT AN IMPACT COMING FROM THE FRONT OF MY VEHICLE. I LOOK UP AND SAW VEHICLE B TRIED TO REVERSED INTO LOT 167 AND COLLIDED WITH MY VEHICLE. NO POB. NO INJURY. CONTACTS EXCHANGED.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Mleay

Driver's Signature (if driver is not the policyholder) / Date
& Time

31/1/22 @ 1340h

Witnessed by Reporting Centre
Personnel