

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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

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.
 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.
 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

14/02/2022 10:59 (SGT) 11/02/2022 17:00 (SGT) Jln Riang, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF996X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No

GOLDBELL LEASING PTE LTD

1XXXXX196N

isaacngcl@gbl.com.sg (Phone) +65-87487219 (Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Fiat Doblo

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? Vehicle Category Transmission

CC

Employment

No - Claiming third party Commercial vehicle

Manual 1598

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number MS First Capital Insurance Ltd

ThirdParty Yes

D21097582

DRIVER

Name of Driver NRIC No

CHAN MIN HUI (CHEN MINHUI) SXXXX220Z



Accident report SA0G222E0004

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Date Of Birth Occupation **Date Of Driving Pass** Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

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?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE 11/02/2022 AT AROUND 1700HRS. I VEHICLE A (GBF996X) WAS PARED STATIONARY ALONG JALAN RIANG. SHORTLY AFTER, I HEARD A NOISD AND FOUND OUT THAT VEHICLE B (YP9044J) HAD REVERSE AND COLLIDED ONTO VEHICLE A REAR. NO ONE WAS INJURED AT THAT POINT OF TIME.

17/11/1980

19/07/2007

14 YEARS AND 7 MONTHS

BLK 239 BUKIT BATOK EAST AVENUE 5 #02-169

(Phone) +65-87487219

isaacngcl@gbl.com.sg

Collided into Parked Vehicle

Outdoor

Male

650239

Raining

Wet

No

No

Yes

No

No

No

2

Employee

No

No

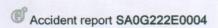
ATTACHMENT(S)

Contact Number

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 YP9044J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver



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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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- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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' law yers/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 w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Describe Circumstances of the Accident

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Declaration

 $1\% \mbox{We declare the foregoing particulars are true in every <math display="inline">\mbox{m}$

Policyholdens Signature / Date & Time

Drivers Signapure is driver is not the policyholder / Date 8 Time 12 (os) 3032 1905

Witnessed by Reporting Centre Personnel

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