

# 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 ..... 30/03/2022 09:21 (SGT)  
Date of Accident ..... 29/03/2022 13:15 (SGT)  
Exact Location of Accident ..... 275 Yishun Street 22, Singapore 760275  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YP1478T

### 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) +65-96818652  
Alternative Phone No ..... (Office) +65-64942897

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Feb21cr4sdeb  
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 ..... 2998

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 29152864  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TOK ENG CHUAN  
NRIC No ..... SXXXX359Z

Date Of Birth .....	26/01/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	04/04/1984
Driving experience .....	37 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96818652
Alt. Phone Number .....	-
Email Address .....	isaacngcl@gbl.com.sg
Address .....	BLK 760 YISHUN STREET 72 #10-322
Address complement .....	-
Postcode .....	760760
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### 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 29/03/22 AT ABOUT 1315HRS I WAS PARKED VEHICLE A (YP1478T) ALONG BLK275 YISHUN STREET 22.VEHICLE B (SMA4117P) COLLIDED ONTO MY VEHICLE FRONT RIGHT.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

#### 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 .....	SMJ4117P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private hire
Name of Driver .....	-
Contact Number .....	(Phone) +65-94551785
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

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

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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.

**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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A.YP1478T  
B.SMA4117P

BLK275 YISHUN STREET 22

## Describe Circumstances of the Accident

ON 29/03/22 AT ABOUT 1315HRS I WAS PARKED  
VEHICLE A YP1478T ALONG BLK275 YISHUN STREET  
22.VEHICLE B SMJ4117P COLLIDED ONTO MY  
VEHICLE FRONT RIGHT.EXCHANGED PARTICULAR  
AND NO INJURIES AT POINT OF TIME.

## 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

29/3/22 / 2006hrs

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

































**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: SA0G223U0001 Vehicle Registration No: YP1478T  
 Name (as shown in NRIC): Goldbell Leasing Pte Ltd NRIC/FIN/Passport No: 1XXXXX196N  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 29/03/2022 Time of Accident: 13:15HRS  
 Place of Accident: 275 Yishun Street 22, Singapore 760275  
 Insurance Company: MSIG Insurance (Singapore) Pte. Ltd.

**(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:

- Amend the sketch plan  
 \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

*lavanya*  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: LAVANYA  
 NRIC/FIN No.:  
 Date: 30.03.2022

GIARMC Addendum Form

