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 witholding 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.

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 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

Mitsuhishi

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

Model Feb21cr4sdeb Variant Exact purpose for which vehicle was being used at time of **Employment** accident 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 Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	26/01/1962 Outdoor 04/04/1984 37 YEARS AND 11 MONTHS Male (Phone) +65-96818652 - isaacngcl@gbl.com.sg BLK 760 YISHUN STREET 72 #10-322 - 760760 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Parked Vehicle Clear Dry
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? PASSENGER 1	No 2 No - Yes 2 No
Name Gender	UNKNOWN Male
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 29/03/22 AT ABOUT 1315HRS I WAS PARKED VEHICLE A ((SMA4117P) COLLIDED ONTO MY VEHICLE FRONT RIGHT.EX	YP1478T) ALONG BLK275 YISHUN STREET 22.VEHICLE B CHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SMJ4117P - - -

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

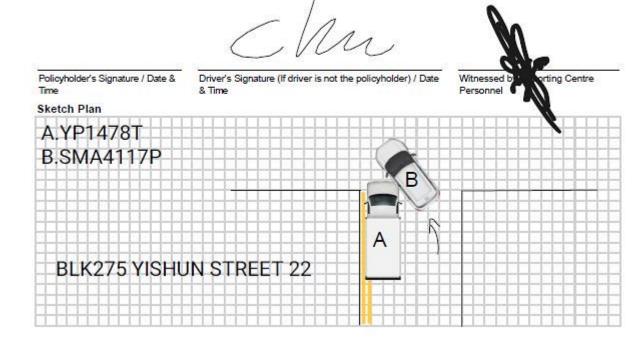
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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.
- 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)

l understand, 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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;
- (ii) 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 wiell 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' law yers/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.



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

2/3/2 / 200 Has

Witnessed by Amerting Centre Personnel



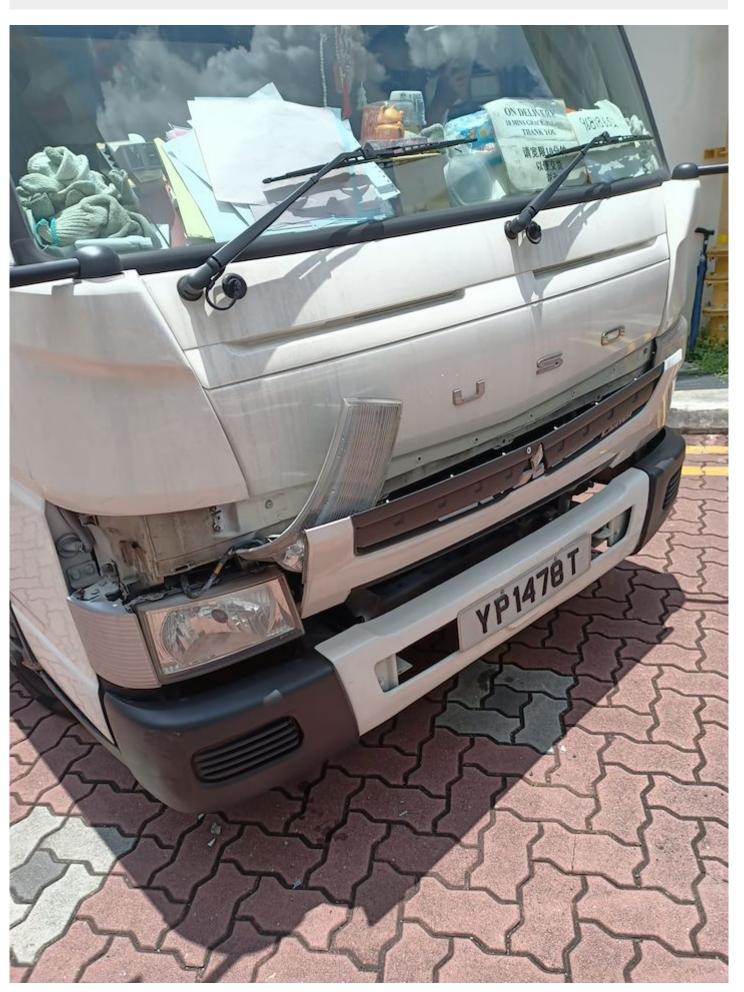


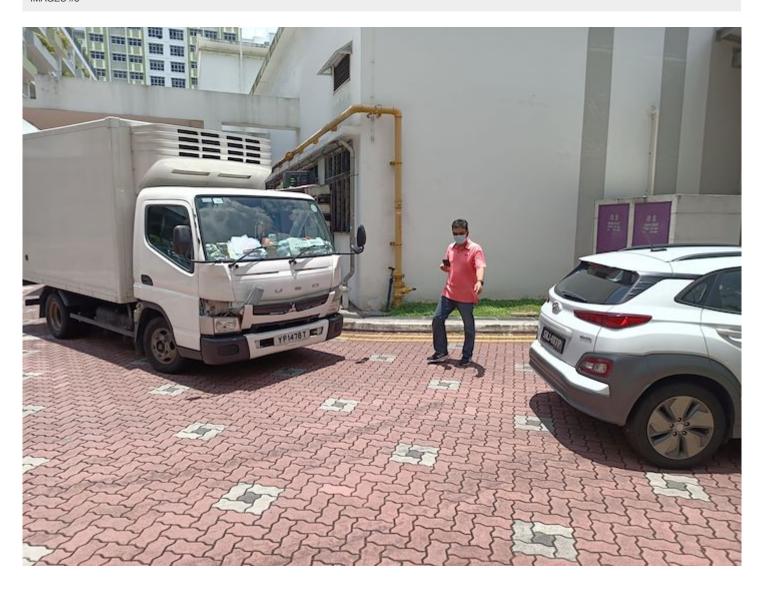


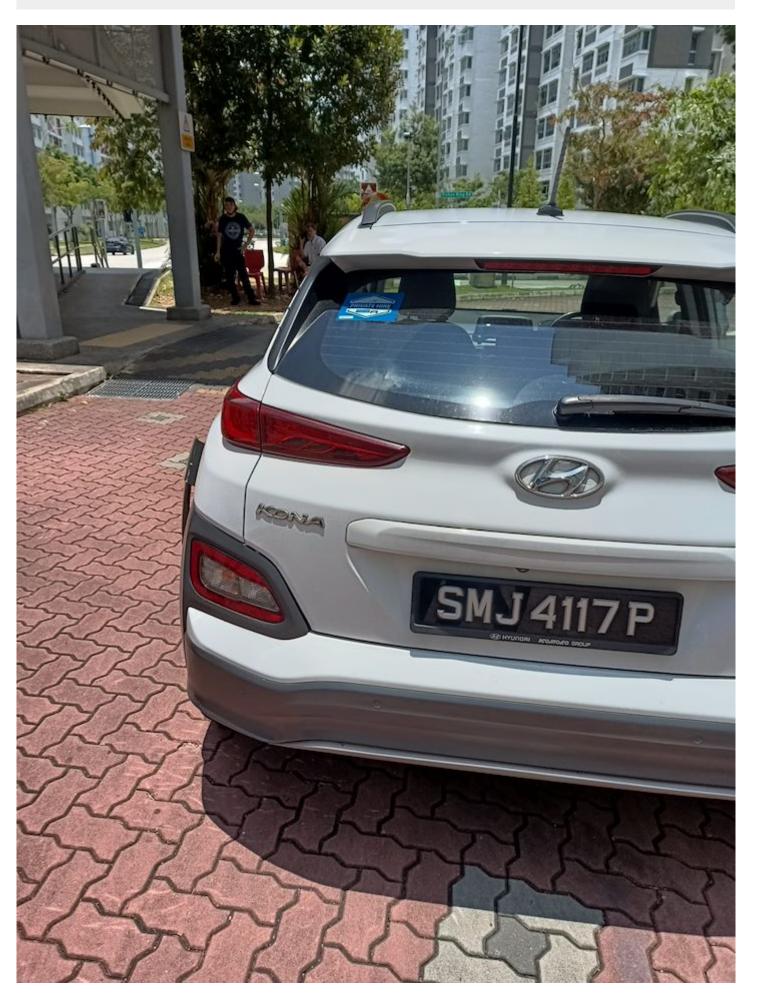














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDEN	DUM
PARTICULARS OF PERSON MAKING THE AMENDMEN	NTS:
Original Report No: SA0G223U0001	Vehicle Registration No: YP1478T
Name (as shown in MRZC): 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, Singapor	e 760275
Insurance Company: MSIG Insurance (Singapore)	
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GIARMC Addendum Form

