

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 06/07/2022 11:46 (SGT)
Reported by Driver
Date of Accident 05/07/2022 16:39 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG BALESTIER ROAD NEAR BUS STOP B02
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH8788S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Company Reg No 1XXXXXX96N
Email Address IsaacNgCL@goldbellcorp.com
Mobile Phone No (Phone) +65-64942888
Alternative Phone No (Office) +65-64942888

VEHICLE PARTICULARS

Manufacturer Nissan
Model NV350 PANEL VAN 2.5 5MT 5DR
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2488

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D22099240

DRIVER

Name of Driver MUHAMAD SANIH BIN SUDI
NRIC No SXXXX219Z
Date Of Birth 06/11/1976
Occupation Outdoor

Date Of Driving Pass	19/10/1995
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88583874
Alt. Phone Number	-
Email Address	sunnyday042@gmail.com
Address	550A SEGAR ROAD
Address complement	#05-620
Postcode	671550
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	Collision - Head to Rear
Weather Conditions	Drizzling
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

I was traveling along Balestier road near bus stop B02 it was a 3 lane traffic and my vehicle was positioned in the 3rd lane suddenly third party vehicle hit onto my vehicle rear left and mounted the curb. No injuries involved.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3091G
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	JAYABARATHI VINOTHKUMAR

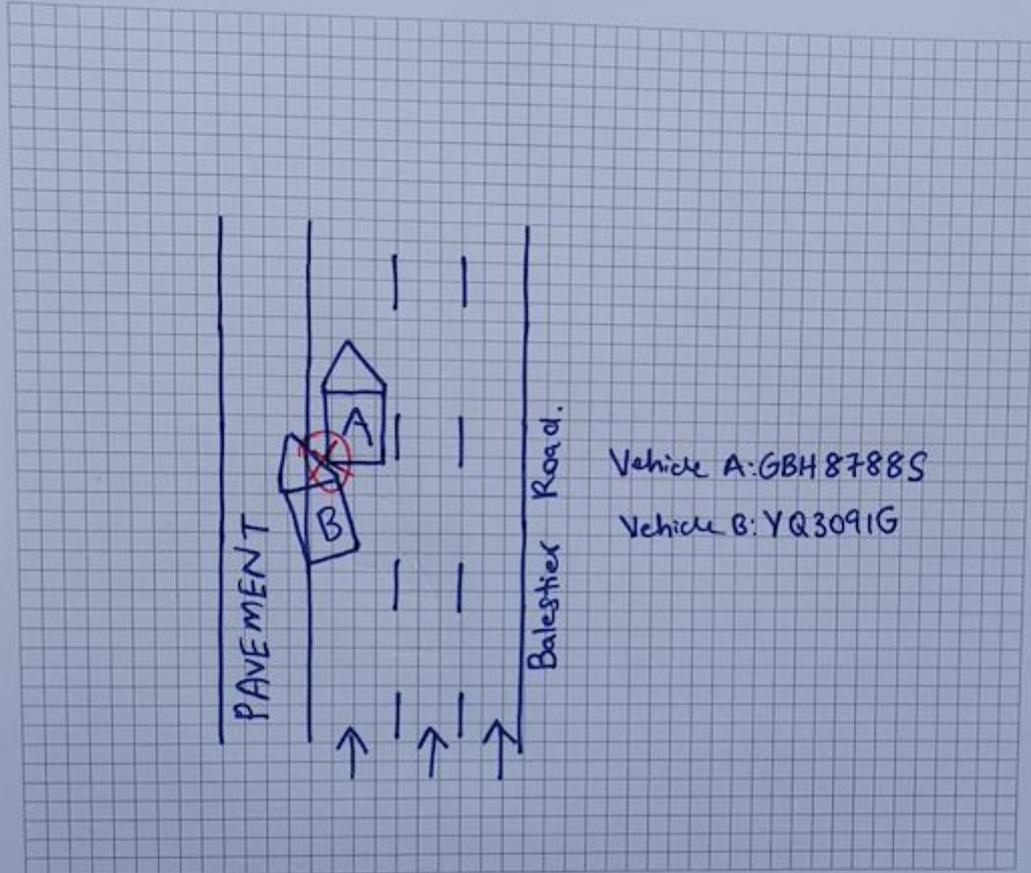
Work Permit No	GXXXX806N
Contact Number	(Phone) +65-92425460
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	Passenger 1
Gender	Male

ACCIDENT DIAGRAM

Ver. Jun2022



Vehicle A: GBH 8788S
Vehicle B: YQ 3091G

Sam

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre
Personnel

AJAX MARS PTE LTD

Describe Circumstances of the Accident

I was traveling along Balestier road near bus stop B02 it was a 3 lane traffic and my vehicle was positioned in the 3rd lane suddenly third party vehicle hit onto my vehicle rear left and mounted the curb. No injuries involved.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

SANIM

Driver's Signature (if driver is not the policyholder) / Date
& Time 6 July 2022

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre
Personnel







































