

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 08/07/2022 16:32 (SGT)
Reported by Driver
Date of Accident 08/07/2022 07:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE/TUAS CORPORATION FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF1783L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Company Reg No 1XXXXX196N
Email Address IsaacNgCL@goldbellcorp.com
Mobile Phone No (Phone) +65-64942888
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant VAN TURBO 4 DR AUTO
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 Auto
CC 0

INSURANCE COMPANY

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

DRIVER

Name of Driver MUHAMMAD RAZIF BIN MOHD AMIR
NRIC No SXXXX470B
Date Of Birth 08/12/1993
Occupation Outdoor

Date Of Driving Pass	21/04/2014
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89042949
Alt. Phone Number	-
Email Address	IsaacNgCL@goldbellcorp.com
Address	201 Ang Mo Kio Avenue 3
Address complement	#10-1656
Postcode	560201
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 DRIVING IN THE MIDDLE LANE WHEN VEHICLES AHEAD STARTED SLOWING DOWN AND STOPPED. I DID THE SAME. HOWEVER, 3RD PARTY VEHICLE COLLIDED INTO THE REAR OF MY STATIONARY VEHICLE. A TOTAL OF 3 VEHICLES WERE INVOLVED. MY VEHICLE IS THE MIDDLE VEHICLE. DUE TO THE HARD HIT AND GREAT FORCE PUSHING FROM BEHIND SUDDENLY. MY VAN HAD PUSHED FORWARD AND TOWARDS THE VEHICLE INFRONT OF ME AFTER THE COLLISION.

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	YN6066B
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle

Name of Driver	IYYANU KARAIYALAR RAMESH
Work Permit No	GXXXX559R
Contact Number	(Phone) +65-98850018
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ933M
Vehicle Manufacturer	Honda
Vehicle Model	Vezei
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	AZHAR BIN AHMAD
NRIC No	SXXXX957I
Contact Number	(Phone) +65-91811845
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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

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

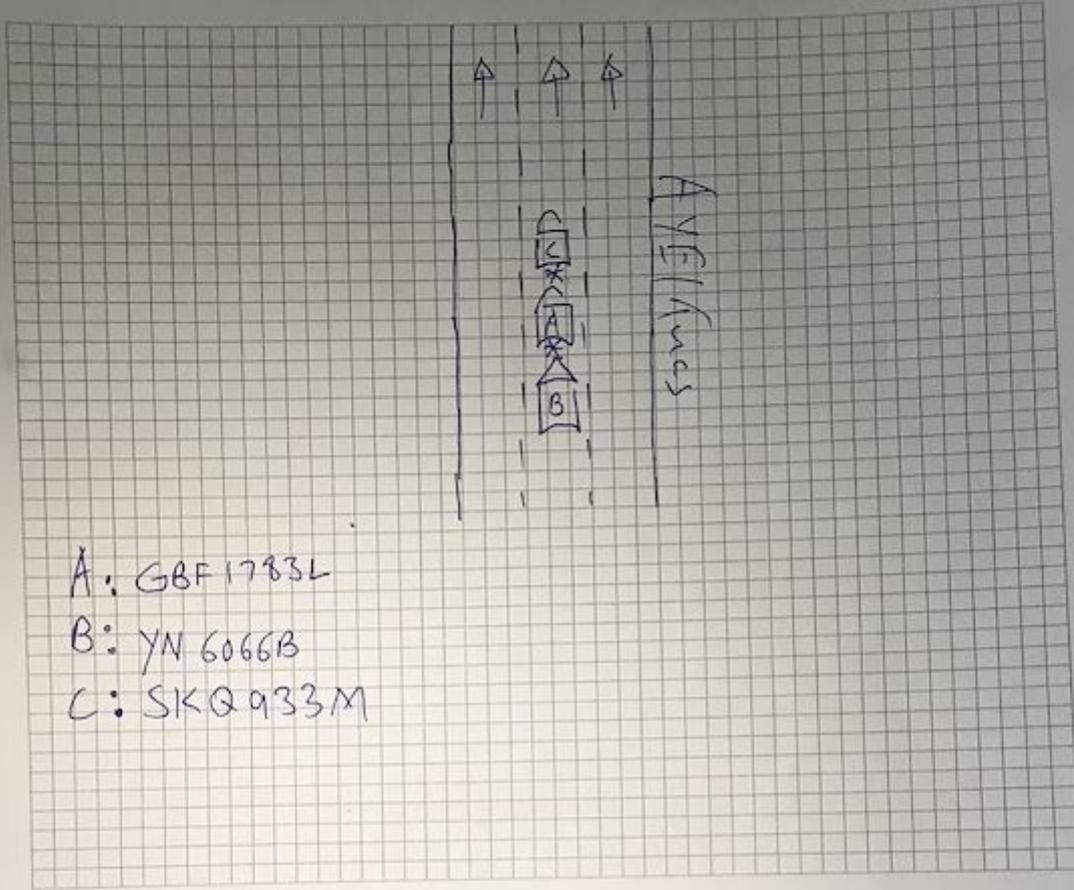
Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre Personnel

Sketch Plan

<p>REFER TO ATTACHED ACCIDENT DIAGRAM</p>

ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident

I WAS DRIVING IN THE MIDDLE LANE WHEN VEHICLES AHEAD STARTED SLOWING DOWN AND STOPPED. I DID THE SAME. HOWEVER, 3RD PARTY VEHICLE COLLIDED INTO THE REAR OF MY STATIONARY VEHICLE. A TOTAL OF 3 VEHICLES WERE INVOLVED. MY VEHICLE IS THE MIDDLE VEHICLE. DUE TO THE HARD HIT AND GREAT FORCE PUSHING FROM BEHIND SUDDENLY. MY VAN HAD PUSHED FORWARD AND TOWARDS THE VEHICLE INFRONT OF ME AFTER THE COLLISION.

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

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel























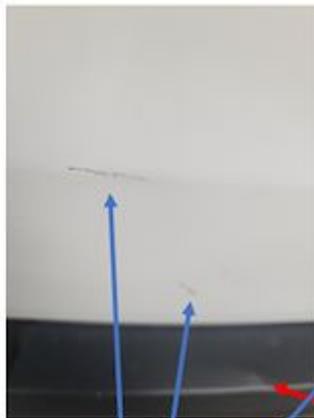












Rear top of bumper scratches

Rear Bumper dented.



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: SA1D22780003 Vehicle Registration No: GBF1783L

Name (as shown in NRIC): MUHAMMAD RAZIF BIN MOHD AMIR NRIC/FIN/Passport No: SXXXX470B

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 89042949

Email Address: _____

Date of Accident: 08/07/2022 Time of Accident: 07:55hrs

Place of Accident: AYE/TUAS CORPORATION FLYOVER

Insurance Company: MS FIRST CAPITAL INSURANCE 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:

Additional statement

Policyholder / Driver's Signature
Date:

Victor Ang
AJAX MARS PTE LTD

Reporting Centre Personnel's Signature
Name: Victor Ang
NRIC/FIN No.: SXXXX193G
Date: 13/07/2022