

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	21/07/2022 13:53 (SGT)
Reported by	Driver
Date of Accident	21/07/2022 09:50 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	BKE TOWARDS KJE (JURONG DIRECTION)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1517J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	199001196N
Email Address	isaacngcl@gbl.com.sg
Mobile Phone No	(Phone) +65-87489763
Alternative Phone No	(Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	11967

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	29152844

DRIVER

Name of Driver	IMAN MUSHAIYAD BIN AZIZIAN
NRIC No	S9438432Z
Date Of Birth	27/09/1994
Occupation	Outdoor

Date Of Driving Pass	05/08/2020
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87489763
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 426C YISHUN AVENUE 11 #11-124
Address complement	-
Postcode	763426
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

ON THE 21/07/2022 AT ABOUT 0950 HOURS, I WAS DRIVING VEHICLE A (XE1517J) ON LANE 2 ALONG THE LINK WAY FROM BKE TOWARDS KJE (JURONG DIRECTION) WHEN SUDDENLY VEHICLE B (XE7188K) CAME TO A HALT VERY SUDDENLY AND I REAR ENDED VEHICLE B AS I WAS UNABLE TO BRAKE IN TIME. I GOT DOWN AND REALISED THAT THERE ARE TWO MORE VEHICLE INVOLVED INFRONT OF VEHICLE B. THEY ARE MAINLY VEHICLE C (UNKNOWN) AND VEHICLE D (SKC4177B). DRIVER OF VEHICLE B WAS CONVEYED TO THE HOSPITAL. I HAD SHARP PAIN IN MY RIGHT KNEE CAP AS I HIT AGAINST THE KEY AT THE IGNITION AREA. BUT I WAS CHECKED BY THE AMBULANCE AND WAS DEEMED NOT INJURED.

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	XE7188K
Vehicle Manufacturer	Man
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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	UNKNOWN
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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 3

Vehicle Registration Number	SKC4177B
Vehicle Manufacturer	Suzuki
Vehicle Model	Apv
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	IMAN MUSHAIYAD BIN AZIZIAN
Gender	Male
Phone No	(Phone) +65-87489763
Address	BLK 426C YISHUN AVENUE 11 #11-124
Address Complement	-
Post Code	763426
Approximate Age Years Old	27
Injuries Sustained	RIGHT KNEE PAIN
Injured person in which vehicle?	XE1517J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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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")

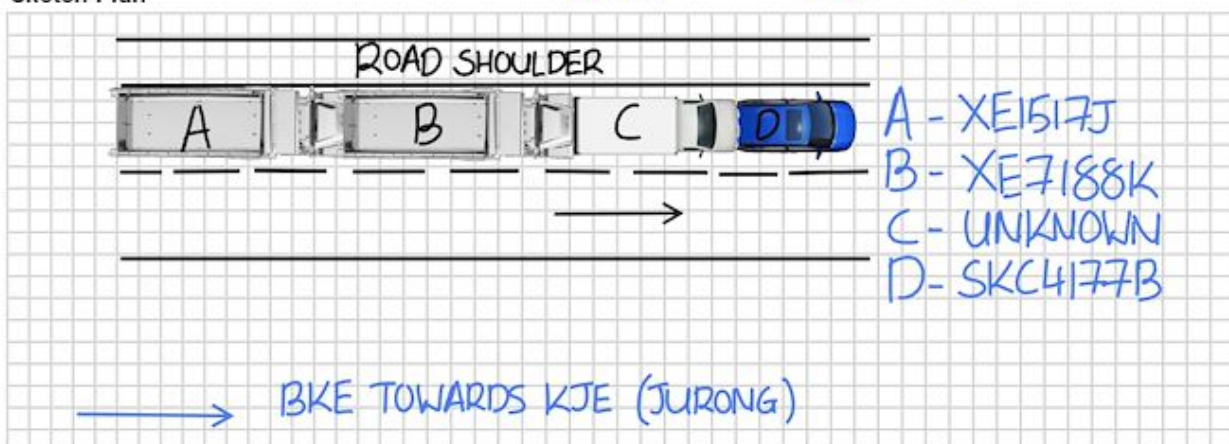
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON THE 21/07/2022 AT ABOUT 0950 HOURS, I WAS DRIVING VEHICLE A (XE1517J) ON LANE 2 ALONG THE LINK WAY FROM BKE TOWARDS KJE (JURONG DIRECTION) WHEN SUDDENLY VEHICLE B (XE7188K) CAME TO A HALT VERY SUDDENLY AND I REAR ENDED VEHICLE B AS I WAS UNABLE TO BRAKE IN TIME. I GOT DOWN AND REALISED THAT THERE ARE TWO MORE VEHICLE INVOLVED IN FRONT OF VEHICLE B. THEY ARE MAINLY VEHICLE C (UNKNOWN) AND VEHICLE D (SKC4177B). DRIVER OF VEHICLE B WAS CONVEYED TO THE HOSPITAL. I HAD SHARP PAIN IN MY RIGHT KNEE CAP AS I HIT AGAINST THE KEY AT THE IGNITION AREA. BUT I WAS CHECKED BY THE AMBULANCE AND WAS DEEMED NOT INJURED.

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

21/07/22

Witnessed by Reporting Centre
Personnel

1200



































