

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	25/07/2022 14:46 (SGT)
Reported by	Driver
Date of Accident	25/07/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Takashimaya Shopping Centre, 391 Orchard Road 238872 LOADING/UNLOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1200G
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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) +65-64942897
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEA01BR1SDEK (CBU)
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	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D22099240

DRIVER

Name of Driver	BASKARAN MUNUSAMY
Work Permit No	GXXXXX255N
Date Of Birth	07/09/1988

Occupation	Outdoor
Date Of Driving Pass	15/11/2018
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93810154
Alt. Phone Number	-
Email Address	Isaacngcl@goldbellcorp.com
Address	NA
Address complement	-
Postcode	-
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	Side Swipe
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)	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

MY VEHICLES WAS EXITING FROM THE LOADING BAY. THERE WAS A LORRY PARKED AT LEFT SIDE NEAR THE EXIT. HENCE I STOPPED TO LOOK OUT FOR ON COMING VEHICLES. WHILE WAITING FOR CLEARANCE,SUDDENLY I FELT AN IMPACT FROM MY RIGHT. SAW A VEHICLE HAS ALREADY HIT INTO MY VEHICLE FRONT SIDE PORTION.

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	YQ1693H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	ONG RONNIE CANIN
Work Permit No	0XXXXX2155
Contact Number	-
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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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' 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;
 (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' 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 law yers/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

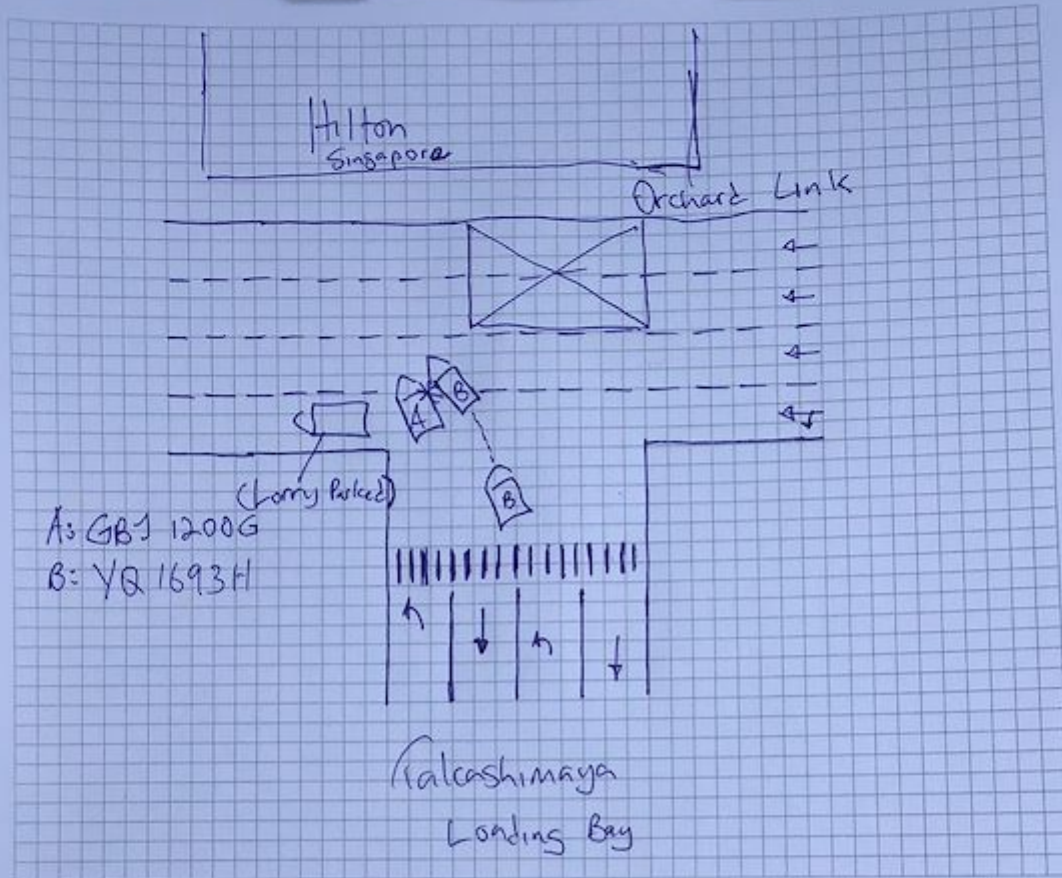
 Witnessed by Reporting Centre
 Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM

Ver. Jun2022



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

MY VEHICLES WAS EXITING FROM THE LOADING BAY. THERE WAS A LORRY PARKED AT LEFT SIDE NEAR THE EXIT. HENCE I STOPPED TO LOOK OUT FOR ON COMING VEHICLES. WHILE WAITING FOR CLEARANCE, SUDDENLY I FELT AN IMPACT FROM MY RIGHT. SAW A VEHICLE HAS ALREADY HIT INTO MY VEHICLE FRONT SIDE PORTION.

Declaration

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















