

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 Actual 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 02/08/2022 08:05 (SGT)
Reported by Driver
Date of Accident 31/07/2022 21:19 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEFORE ENTRANCE TO MCE TUNNEL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ119G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Company Reg No 199001196N
Email Address IsaacNgCL@goldbellcorp.com
Mobile Phone No (Phone) +65-64942888
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
Variant FEB21ER4SDEN (CBU)
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 - Reporting only
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 MOHAMMAD ADAM BIN IBRAHIM
NRIC No S7340756G
Date Of Birth 05/11/1973
Occupation Outdoor

Date Of Driving Pass	22/02/2020
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87809007
Alt. Phone Number	-
Email Address	alfie.adam2@gmail.com
Address	13, LORONG 7, TOA PAYOH
Address complement	#01-517
Postcode	S310013
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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD, BUT I DID NOT NOTICED THAT MY VEHICLE HAD GRAZED AGAINST VEHICLE B. I WAS DRIVING ON THE SECOND LANE FROM THE RIGHT AND VEHICLE B WAS ON MY RIGHT. WHEN I HEARD A HONK, I LOOKED AT VEHICLE B AND ON MY HAZARD LIGHT AND STOP AT THE LEFT SIDE OF THE ROAD. I WAS NOT SURE WHY VEHICLE B HAD HONK AT ME UNTIL HE CLAIMED THAT MY VEHICLE HAD GRAZED AGAINST HIS VEHICLE. I THEN TOOK HIS CONTACT NUMBER, AND WAS ASKED TO MAKE AN ACCIDENT REPORT. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED .

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	SNC3225S
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Vehicle Manufacturer	Toyota
Vehicle Model	Yaris
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	SUHAIL
Contact Number	(Phone) +65-96382100
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	PASSENGER 1
Gender	Female

PASSENGER 2

Name	PASSENGER 2
Gender	Female

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
Hashim Bin Kamari

Witnessed by Reporting Centre Personnel

Sketch Plan

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

Describe Circumstances of the Accident

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

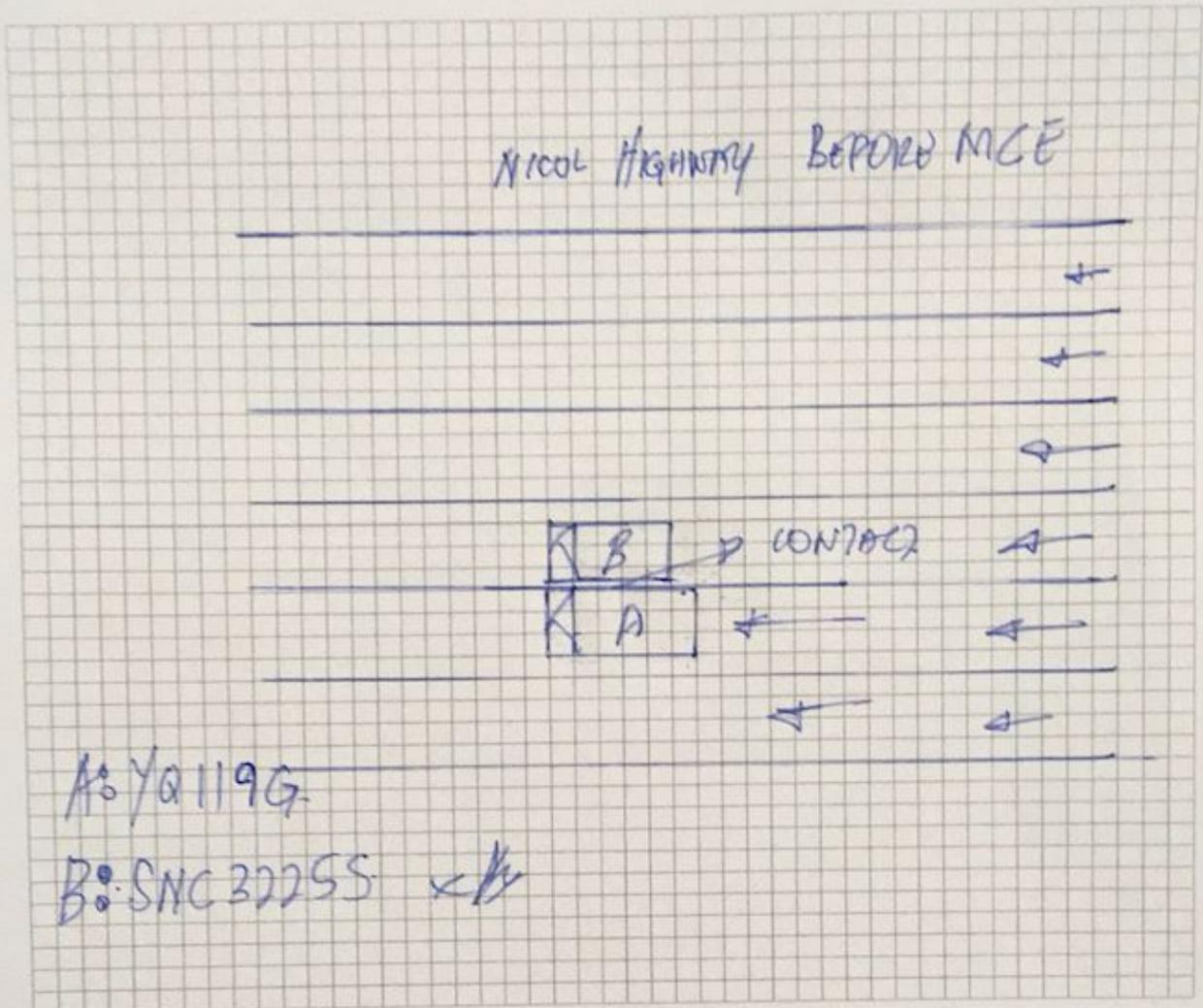


Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Policyholder's Signature
Date & Time:

X. [Signature]

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





