

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 28/10/2022 15:04 (SGT)
Reported by Driver
Date of Accident 27/10/2022 14:20 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS AYE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG6574K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Company Reg No 1XXXXX196N
Email Address isaacngcl@gbl.com.sg
Mobile Phone No (Phone) +65-82565904
Alternative Phone No (Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant PANEL VAN 2.5 5AT 5DR EURO V
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 2488

INSURANCE COMPANY

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

DRIVER

Name of Driver SAMYKANNU RAJAKUMAR
NRIC No SXXXX276C
Date Of Birth 20/04/1975
Occupation Outdoor

Date Of Driving Pass	04/12/2009
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82565904
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 657 WOODLANDS RING ROAD #05-324
Address complement	-
Postcode	730657
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 - Change/cross lane
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 27/10/2022 AT AROUND 1420HRS, I WAS DRIVING VEHICLE A (GBG6574K) ALONG CTE EXPRESSWAY TOWARDS AYE AND WAS INVOLVED IN AN ACCIDENT WITH VEHICLE B (SLF7626A). WHILE DRIVING STRAIGHT, VEHICLE B SUDDENLY CAME OUT OF THE FILTER LANE AND SIDE SWIPED VEHICLE A. NOBODY WAS INJURED AND NO OTHER VEHICLES 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	SLF7626A
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	WEE CHEE KONG
NRIC No	SXXXX630D
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

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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.

SAMY

FLASH ACCIDENT REPORTING OFFICER
FRO SUFIYAN



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
28/10/2022 1400HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 27/10/2022 AT AROUND 1420HRS, I WAS DRIVING VEHICLE A (GBG6574K) ALONG CTE EXPRESSWAY TOWARDS AYE AND WAS INVOLVED IN AN ACCIDENT WITH VEHICLE B (SLF7626A). WHILE DRIVING STRAIGHT, VEHICLE B SUDDENLY CAME OUT OF THE FILTER LANE AND SIDE SWIPED VEHICLE A. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED

Declaration

I/We declare the foregoing particulars are true in every respect.

SAMY

**FLASH ACCIDENT
REPORTING OFFICER**

FRO SUFIYAN



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
28/10/2022 1400HRS

Witnessed by Reporting Centre Personnel





























