

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 06/12/2022 17:35 (SGT)
Reported by Driver
Date of Accident 06/12/2022 11:40 (SGT)
Exact Location of Accident Pandan Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD7821G

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) +65-90213584
Alternative Phone No (Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer Fiat
Model Doblo
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 1598

INSURANCE COMPANY

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

DRIVER

Name of Driver SALIM BIN MAHMOOD
NRIC No S1146665F
Date Of Birth 19/02/1955
Occupation Outdoor

Date Of Driving Pass	29/05/1975
Driving experience	47 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90213584
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 315 UBI AVENUE 1 #03-405
Address complement	-
Postcode	400315
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 - Head to Rear
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 06/12/2022 AT ABOUT 11:40HRS, I WAS DRIVING VEHICLE A (GBD7821G) ALONG PANDAN ROAD. UPON REACHING TRAFFIC JUNCTION OF PANDAN ROAD AND JALAN BUROH., I STOP VEHICLE A AND WAITING FOR TRAFFIC LIGHT. AS MY VEHICLE WAS STATIONARY, FRONT VEHICLE B (XE3293R) ROLLED BACKWARDS. I HONKING. BUT VEHICLE B STILL ROLLING BACKWARDS. AS I SLOWLY REVERSE MY VEHICLE TO AVOID COLLISION AS THERE WAS A VEHICLE BEHIND ME, I STOPPED. VEHICLE B ROLLING BACKWARDS AND COLLIDED ONTO VEHICLE A FRONT PORTION. SLIGHT DAMAGE ONTO VEHICLE A AND NO VISIBLE DAMAGE ONTO VEHICLE B. NOBODY WAS 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	TRD1854L
Vehicle Manufacturer	YEO TR INTERNATIONAL / 12300MM LONG
Vehicle Model	SKELETAL CONTAINER TRAILER
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THARMALINGAM VEERAMANI
Work Permit No	G8184588W
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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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.
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.



**FLASH ACCIDENT
REPORTING OFFICER**

FRO KHAMARAJ



Policyholder's Signature / Date & Time

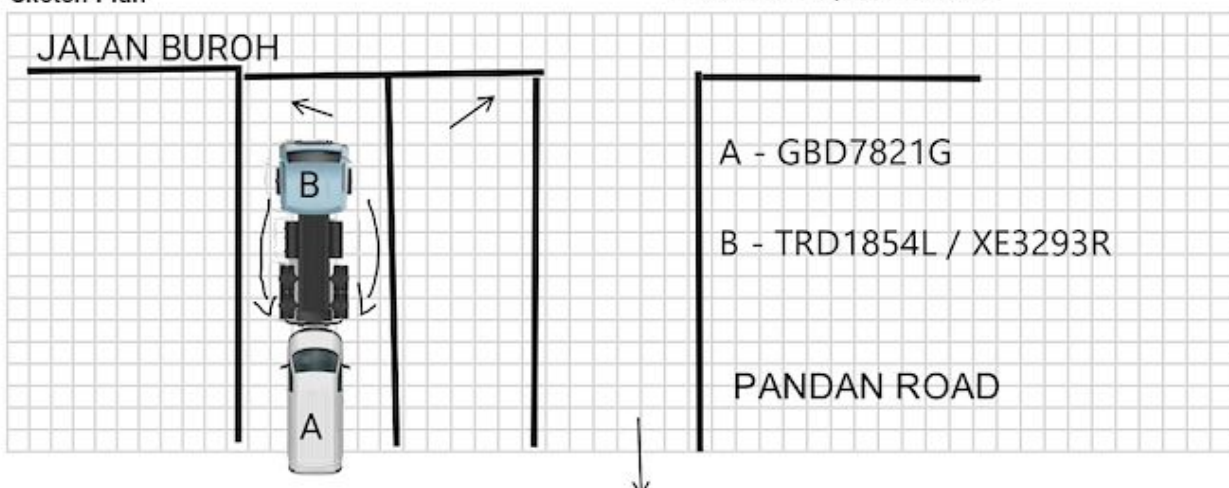
Driver's Signature (If driver is not the policyholder) / Date & Time

06/12/2022 - 14:45 HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

TRD1854L / XE3293R



Describe Circumstances of the Accident

ON 06/12/2022 AT ABOUT 11:40HRS, I WAS DRIVING VEHICLE A (GBD7821G) ALONG PANDAN ROAD. UPON REACHING TRAFFIC JUNCTION OF PANDAN ROAD AND JALAN BUROH., I STOP VEHICLE A AND WAITING FOR TRAFFIC LIGHT. AS MY VEHICLE WAS STATIONARY, FRONT VEHICLE B (TRD1854L/ XE3293R) ROLLED BACKWARDS. I HONKING. BUT VEHICLE B STILL ROLLING BACKWARDS. AS I SLOWLY REVERSE MY VEHICLE TO AVOID COLLISION AS THERE WAS A VEHICLE BEHIND ME, I STOPPED. VEHICLE B ROLLING BACKWARDS AND COLLIDED ONTO VEHICLE A FRONT PORTION. SLIGHT DAMAGE ONTO VEHICLE A AND NO VISIBLE DAMAGE ONTO VEHICLE B. NOBODY WAS 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 06/12/2022.- 14:45HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre
Personnel



























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: SA1K22C60009 Vehicle Registration No: GBD7821G
 Name (as shown in NRIC): Goldbell Leasing Pte Ltd NRIC/FIN/Passport No: 1XXXXX196N
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 06/12/2022 Time of Accident: 11:40
 Place of Accident: Pandan Rd,
 Insurance Company: MS First Capital Insurance Pte 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:

UPDATE THIRD PARTY PLATE NUMBER

 Policyholder / Driver's Signature
 Date:

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 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 06.12.2022

GIARMC Addendum Form