

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 25/02/2023 10:42 (SGT)
Reported by Driver
Date of Accident 24/02/2023 13:15 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information TOWARDS PIE BEFORE EXIT TO PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB9584M

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) +65-98258393
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 TONG JUNJIE, CALVIN (TANG JUNJIE, CALVIN)
NRIC No SXXXX866C
Date Of Birth 09/02/1982
Occupation Outdoor

Date Of Driving Pass	10/06/2002
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98258393
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	33 JALAN LEPAS
Address complement	-
Postcode	537957
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 24/02/2023 AROUND 1315HRS I WAS DRIVING VEHICLE A (GBB9584M) ALONG BKE TOWARDS PIE I WAS ON EXTREME LEFT LANE. AS I WAS SLOWLY MOVING SUDDENLY THERE WAS THIS VEHICLE B (GBK5618D) FAILED TO SLOW DOWN AND REAR ENDED VEHICLE (A) . I WAS INJURED DURING THE ACCIDENT AND I HAD SEEK MEDICAL ATTENTION.

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	GBK5618D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	CHONG KAI QIANG IVAN
NRIC No	SXXXX436E
Contact Number	(Phone) +65-96348220
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TONG JUNJIE, CALVIN (TANG JUNJIE, CALVIN)
Gender	Male
Phone No	(Phone) +65-98258393
Address	33 JALAN LEPAS
Address Complement	-
Post Code	537957
Approximate Age Years Old	41
Injuries Sustained	NECK , LOWER BACK HEADACHE
Injured person in which vehicle?	GBB9584M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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 involved 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 VICKY



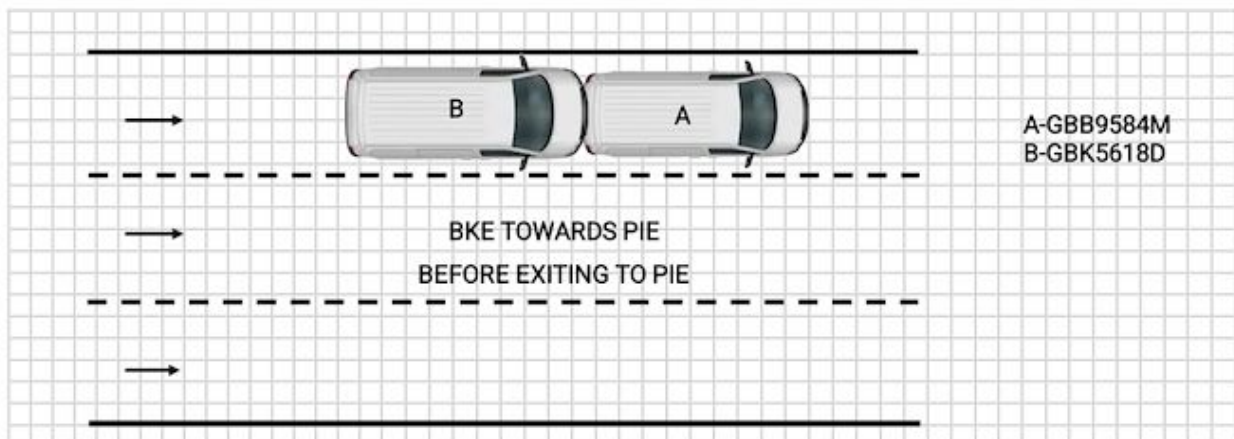
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

24/02/2023 - 2030



Describe Circumstances of the Accident

ON 24/02/2023 AROUND 1315HRS I WAS DRIVING VEHICLE A (GBB9584M) ALONG BKE TOWARDS PIE I WAS ON EXTREME LEFT LANE. AS I WAS SLOWLY MOVING SUDDENLY THERE WAS THIS VEHICLE B (GBK5618D) FAILED TO SLOW DOWN AND REAR ENDED VEHICLE (A) . I WAS INJURED DURING THE ACCIDENT AND I HAD SEEK MEDICAL ATTENTION.

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
24/02/2023 - 2030

FLASH ACCIDENT
REPORTING OFFICER

FRO VICKY



Witnessed by Reporting Centre
Personnel



















