

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 20/03/2023 12:24 (SGT)
Reported by Driver
Date of Accident 18/03/2023 10:50 (SGT)
Exact Location of Accident Coleman Rd, Singapore
Additional Location Information TOWARDS CLEMAN LN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN1322U

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) +65-82147585
Alternative Phone No (Office) +65-64942897

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fe84be6srdea
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2977

INSURANCE COMPANY

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

DRIVER

Name of Driver SUN YANLEI
Passport No/FIN G2480220K
Date Of Birth 18/08/1986
Occupation Outdoor

Date Of Driving Pass	11/11/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82147585
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	40 TEBAN GARDEN RD #06-337
Address complement	-
Postcode	600040
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)	3
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

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 18/03/2023 AT ABOUT 1050HRS, I WAS DRIVING VEHICLE A ALONG COLEMAN RD TOWARDS COLEMAN LN . THAT WAS A ROAD CONSTRUCTION ALONG COLEMAN RD AND COLEMAN LN. AS I DRIVING VEHICLE A,I DID FOLLOW THE TRAFFIC INSTRUCTION OF TRAFFIC MARSHALL. I CHECKED ON LEFT SIDE MIRROR , AND FOUND THAT MY VEHICLE A CLOSE WITH VEHICLE B . AND I STEP DOWN FROM VEHICLE AND DO THE CHECK. UPON CHECK ,THAT WAS A SCRATCH ON VEHICLE B REAR LEFT PORTION . EXCHANGE CONTACT . 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	SMR1008Z
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93861181
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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 involvedisclosure 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

Sketch Plan

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

18/03/2023-1810HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO MING

Witnessed by Reporting Centre Personnel



A-YN1322U

B-SMR1008Z

COLEMAN RD
TOWARDS
COLEMAN LN

Describe Circumstances of the Accident

ON 18/03/2023 AT ABOUT 1050HRS, I WAS DRIVING VEHICLE A ALONG COLEMAN RD TOWARDS COLEMAN LN . THAT WAS A ROAD CONSTRUCTION ALONG COLEMAN RD AND COLEMAN LN. AS I DRIVING VEHICLE A,I DID FOLLOW THE TRAFFIC INSTRUCTION OF TRAFFIC MARSHALL. I CHECKED ON LEFT SIDE MIRROR , AND FOUND THAT MY VEHICLE A CLOSE WITH VEHICLE B . AND I STEP DOWN FROM VEHICLE AND DO THE CHECK. UPON CHECK ,THAT WAS A SCRATCH ON VEHICLE B REAR LEFT PORTION . EXCHANGE CONTACT . 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
18/03/2023-1810HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO MING



Witnessed by Reporting Centre Personnel