

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	06/04/2023 15:00 (SGT)
Reported by	Actual Driver
Date of Accident	05/04/2023 17:35 (SGT)
Exact Location of Accident	Near 8G Leicester Rd, Singapore 358842
Additional Location Information	Along Leicester Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH349D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	IsaacNgCL@goldbellcorp.com
Mobile Phone No	(Phone) +65-64942888
Alternative Phone No	(Office) +65-64942888

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
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	Auto
CC	1598

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHUA HUA FENG (CAI HUA FENG)
NRIC No	SXXXX063J
Date Of Birth	23/11/1981
Occupation	Outdoor

Date Of Driving Pass	11/03/2006
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81026110
Alt. Phone Number	-
Email Address	joe.chua@oconnors.wbl.com.sg
Address	810 WOODLANDS ST81
Address complement	10-187
Postcode	730810
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	Hit and run / Vandalism / Damaged whilst parked
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)	2
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	Mr Syed
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 05/04/23 AT AROUND 1738HRS , I WAS DRIVING MY VEHICLE (GBH349D) ALONG JIN TOA PAYOH TOWARDS UPPER SERANGOON ROAD. I ON THE LEFT LANE AND ANOTHER VEHICLE (SKX5786B) WAS BEHIND ME. HE THEN SWITCHED TO THE NEXT LANE ON THE RIGHT, HE TRIED TO CUT BACK INTO MY LANE IMMEDIATELY GIVING ME NO TIME TO REACT AND SIDE SWIPE HIS VEHICLE ONTO THE RIGHT SIDE OF MY VEHICLE. HE DID NOT STOP HIS VEHICLE AND CONTINUED DRIVING OFF. DUE TO THE COLLISION, I HAVE SUSTAINED SLIGHT SPRAIN ON MY BACK WORSENS TOMORROW, I WILL GO AND GET IT CHECKED BY THE DOCTORS. I WISH TO STATE THAT I HAVE A IN -CAR CAMERA WHICH MANAGED TO CAPTURE THE WHOLE INCIDENT. I AM LODGING THIS REPORT FOR INSURANCE CLAIMS.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX5786B
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	CHUA HUA FENG (CAI HUAFENG)
Gender	Male
Phone No	(Phone) +65-81026110
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUSTAINED SLIGHT SPRAIN ON BACK.
Injured person in which vehicle?	GBH349D
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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT.

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:

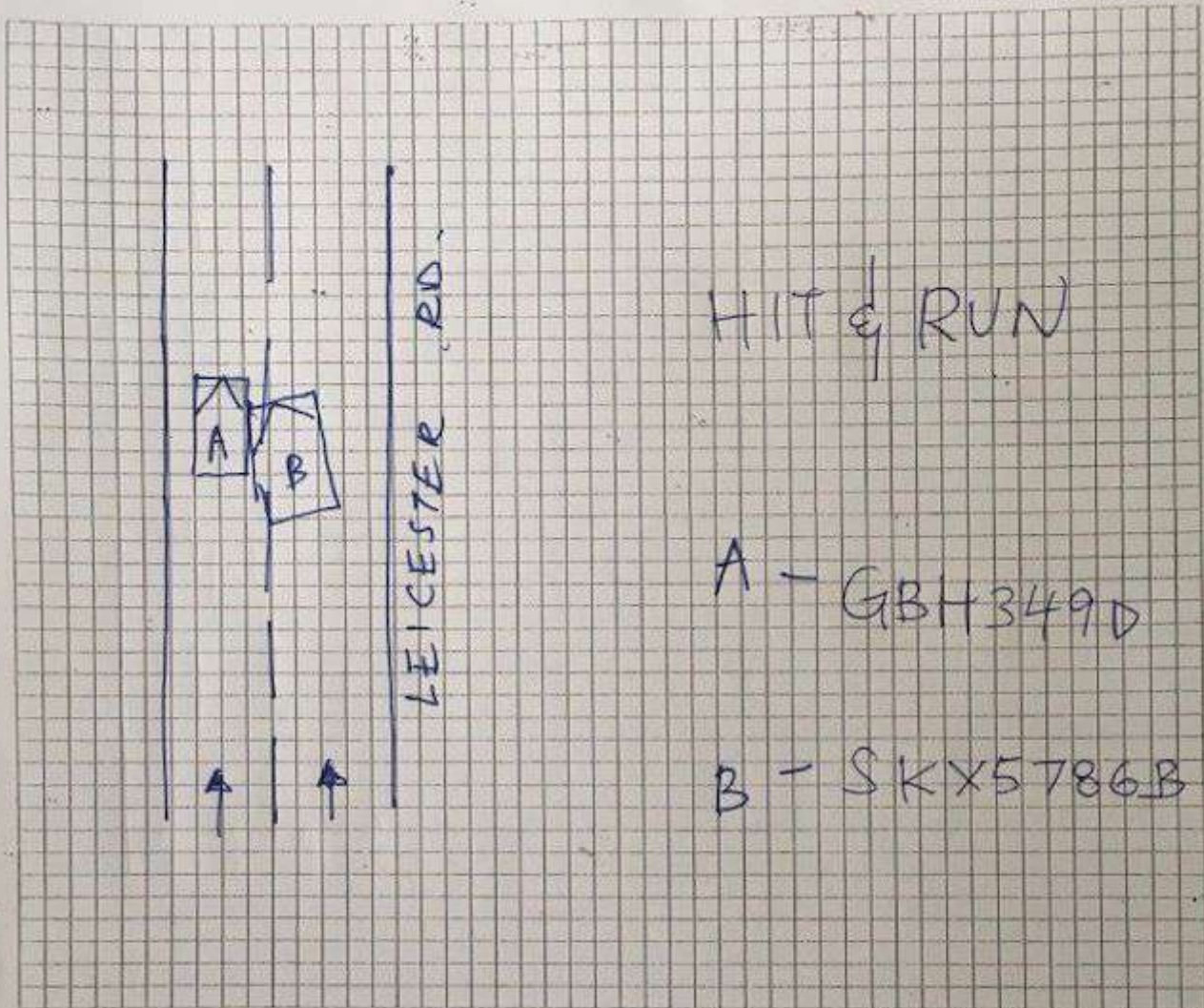
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

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

SIARMC SketchPlanForm_V3

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"ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Mohammad Azaly Bin Abdullah
Witnessed by Reporting Centre
Personnel

6/4/23


**SINGAPORE
POLICE FORCE**


T/20230405/2105

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20230405/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2023 21:00	Video Report No.:	Station Diary No.: 90
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Informant's Particulars

Name of Informant: CHUA HUA FENG	Address: APT BLK 810 WOODLANDS STREET 81 #10-187 SINGAPORE 730810	
ID Type / ID No.: NRIC NO / S8139063J	Contact No.:	Mobile: 81026110
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 41	Date of Birth: 23/11/1981
Race: Chinese	Type of Informant: Driver	
Occupation: ASSISTANT PROJECT ENGINEER	Language: English	
	Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/04/2023 17:35	Type of Location: Straight Road
Location: LEICESTER ROAD			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH349D	Van	FIAT		White	Slightly Damaged	1
SKX5786B	Car	TOYOTA		Black		0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	


**SINGAPORE
POLICE FORCE**


T/20230405/2105

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20230405/2105

CONTINUATION OF REPORT

Passenger			
Name	Syed Muhammad Firhidayat Bin Syed Mustafah	ID No.	S9208185J
Related Vehicle	GBH349D (Van)	Contact No.	96884015
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA HUA FENG	ID No.	S8139063J
Related Vehicle	GBH349D (Van)	Contact No.	81026110
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKX5786B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/04/23 at around 1738hrs, I was driving my vehicle (GBH349D) along Jln Toa Payoh towards Upper Serangoon Road. I on the left lane and another vehicle (SKX5786B) was behind me. He then switched to the next lane on the right, he tried to cut back into my lane immediately giving me no time to react and side swipe his vehicle onto the right side of my vehicle. He did not stop his vehicle and continued driving off.

Due to the collision, I have sustained slight sprain on my back but if my back worsens tomorrow, I will go and get it checked by the doctors.

I wish to state that I have a in-car camera which managed to capture the whole incident.



**SINGAPORE
POLICE FORCE**



T/20230405/2105

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20230405/2105

CONTINUATION OF REPORT

I am lodging this report for insurance claims.

**SINGAPORE
POLICE FORCE**

T/20230405/2105

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Report No. T/20230405/2105

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /

SGT 2 ELISHA ONG TING YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/04/2023 21:00

Officer In Charge Of Case:

TP / HRT /

STAFF SGT SUFIYAN BIN KHAIRI

Contact No.: 65476148

Classification Of Case:

NP168