

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	10/05/2023 16:35 (SGT)
Reported by	Actual Driver
Date of Accident	10/05/2023 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ECP TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8041D
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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	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	3000

INSURANCE COMPANY

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

DRIVER

Name of Driver	RAHMAT BIN KASMIN
NRIC No	SXXXX883H
Date Of Birth	19/10/1960
Occupation	Outdoor

Date Of Driving Pass	16/06/1989
Driving experience	33 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82884883
Alt. Phone Number	-
Email Address	Rahmat.kasmin@trane.com
Address	89 BEDOK NORTH STREET 4
Address complement	#03-85
Postcode	460089
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	3
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

I was traveling along Ecp towards city it was a 4 lane traffic and my vehicle was positioned in the 3rd lane as third party vehicle on my left swerve into my lane I swerved to my right to avoid collision but unfortunately my vehicle right side mirror hit onto third party motorcyclist. No injuries 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	FBH1140G
Vehicle Manufacturer	Yamaha
Vehicle Model	YBR 125 MANUAL
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Motorcycle

Name of Driver	Taufiq
Contact Number	(Phone) +65-91718870
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJV1902G
Vehicle Manufacturer	Daihatsu
Vehicle Model	TERIOS 1.5L 2WD MANUAL ABS AIRBAG
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)	-

Describe Circumstances of the Accident

I was traveling along Ecp towards city it was a 4 lane traffic and my vehicle was positioned in the 3rd lane as third party vehicle on my left swerve into my lane I swerved to my right to avoid collision but unfortunately my vehicle right side mirror hit onto third party motorcyclist. No injuries involved.

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 10 May 2023

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood
Witnessed by Reporting Centre
Personnel

Ver. Jun2022

ACCIDENT DIAGRAM

Vehicle A: GBE8041D
 Vehicle B: FBH1140G
 Vehicle C: SJV1902G

holder's Signature / Date & Time _____

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

Witnessed By Report
 Mohamed Saifullah S/O
 Witnessed by Report
 Personnel

MARS PTE LTD







































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: SA1D235A0002-01 Vehicle Registration No: GBE8041D
 Name (as shown in NRIC): NRIC/FIN/Passport No:
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Singapore ()
 Contact (Tel): Mobile No.:
 Email Address:
 Date of Accident: 10/05/2023 Time of Accident: 09:00 (SGT)
 Place of Accident: ALONG ECP TOWARDS CITY
 Insurance Company: MS First Capital Insurance 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:

1. Amend Type of accident

Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: SUGANYA
 NRIC/FIN No.:
 Date: 12052023

GIARMC Addendum Form