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 witholding 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.

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 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

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 No - Claiming third party your vehicle? 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 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 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) 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? Nο Was notice of intended Prosecution given? Nο 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?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberFBH1140GVehicle ManufacturerYamahaVehicle ModelYBR 125 MANUALVehicle Variant-Vehicle ColourWhiteVehicle CategoryMotorcycle

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 Vehicle Manufacturer Vehicle Model	SJV1902G Daihatsu 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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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. The 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Firne Sketch Pla		e / Date &		Driver & Time	's Sigi	Ma	(If dri	ver is)23	not the	a polic	yholde	er) / (Date		nesse sonne	Repo	rting (Centre	2
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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

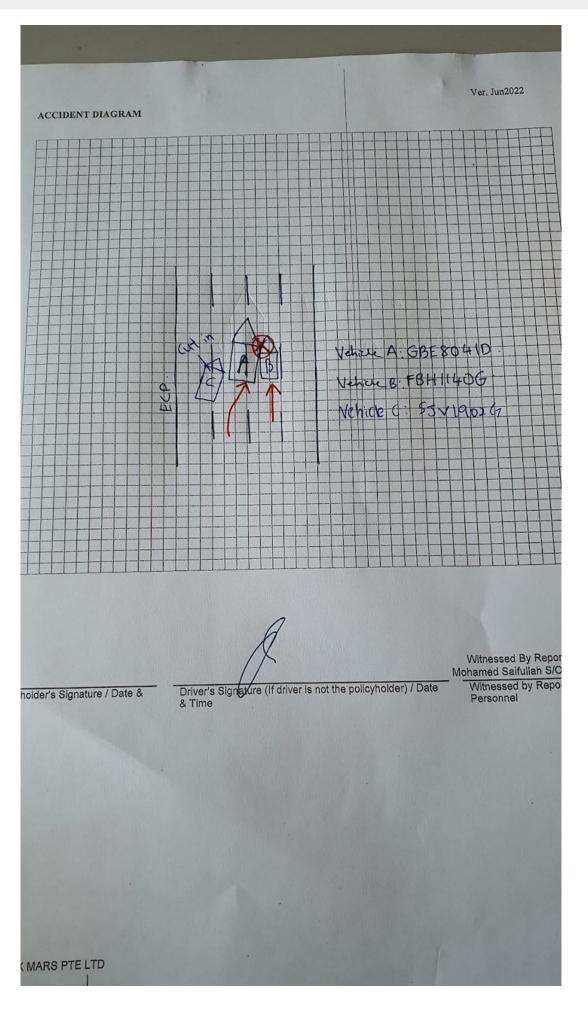
VWe declare the foregoing particulars are true in every respect.

Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood

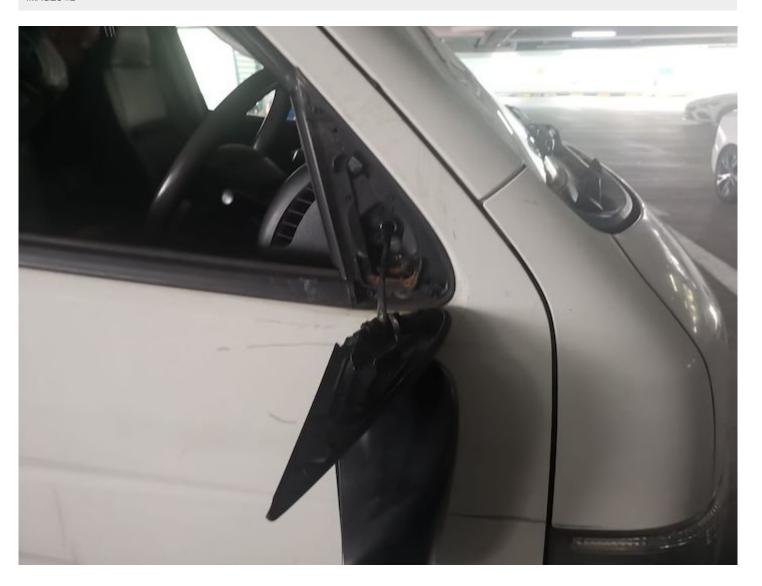
Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time 10 May 2023

Witnessed by Reporting Centre

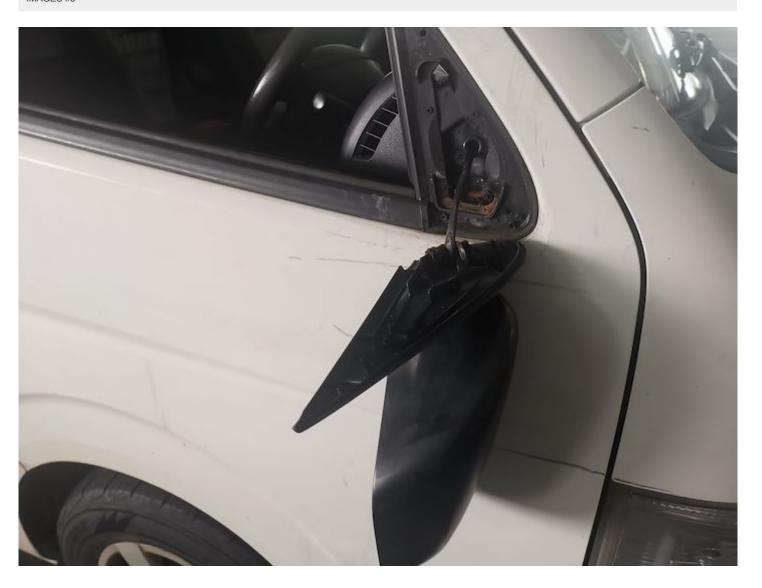


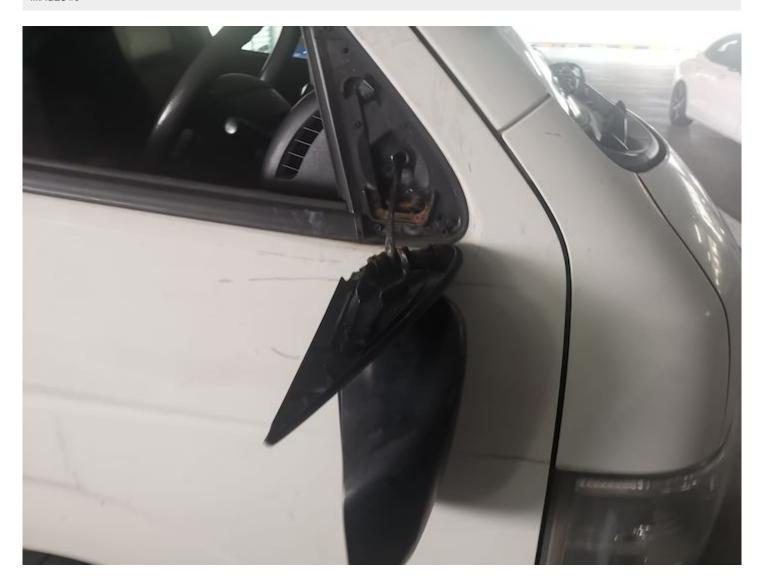






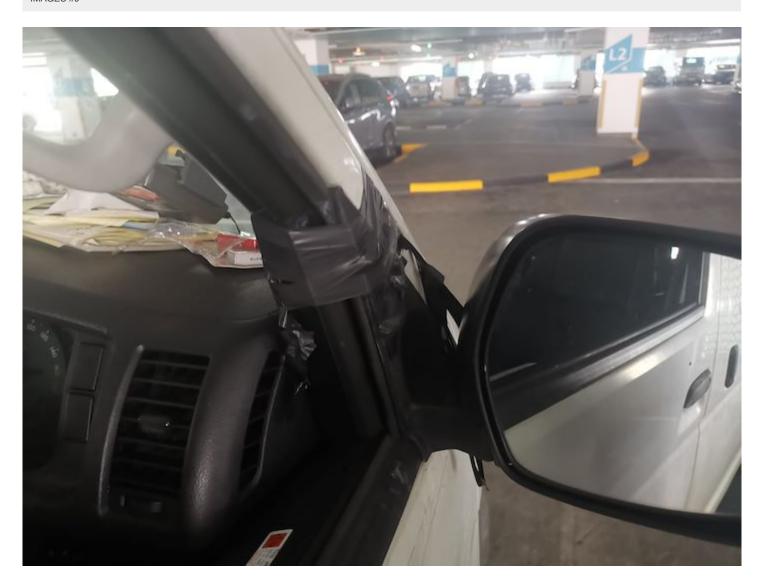


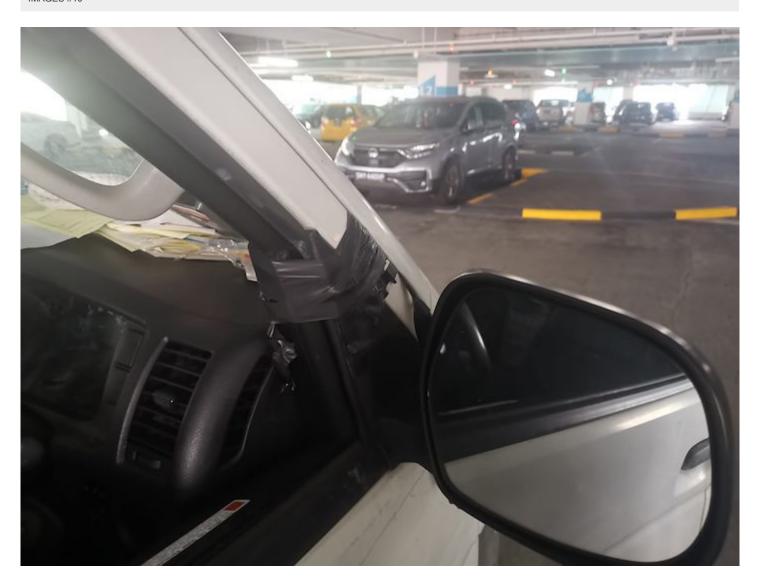




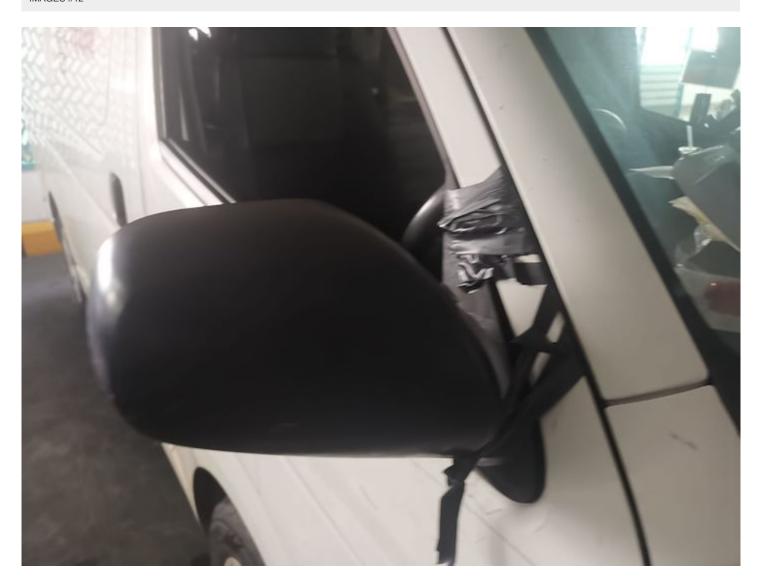


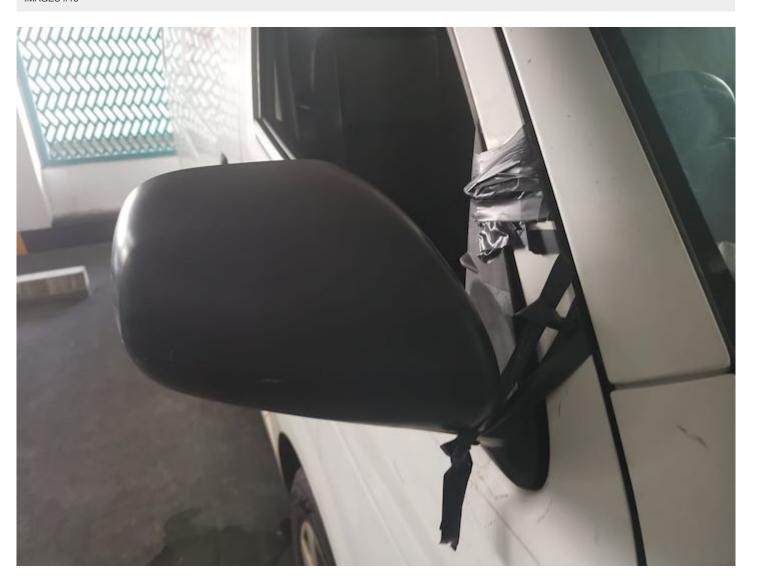






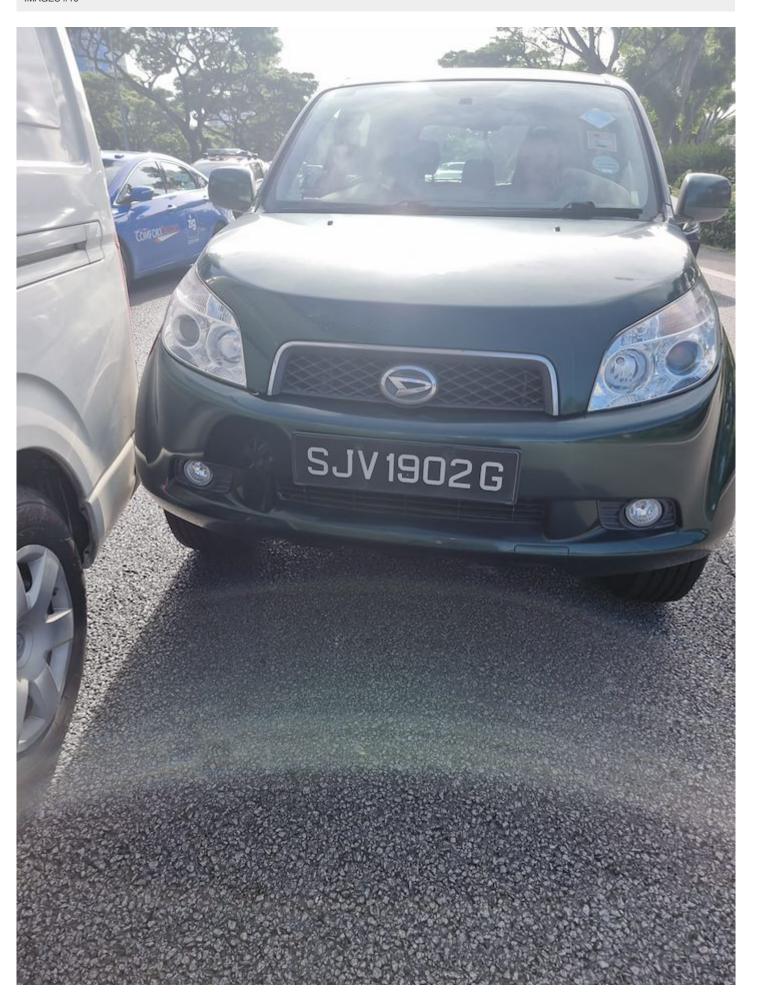


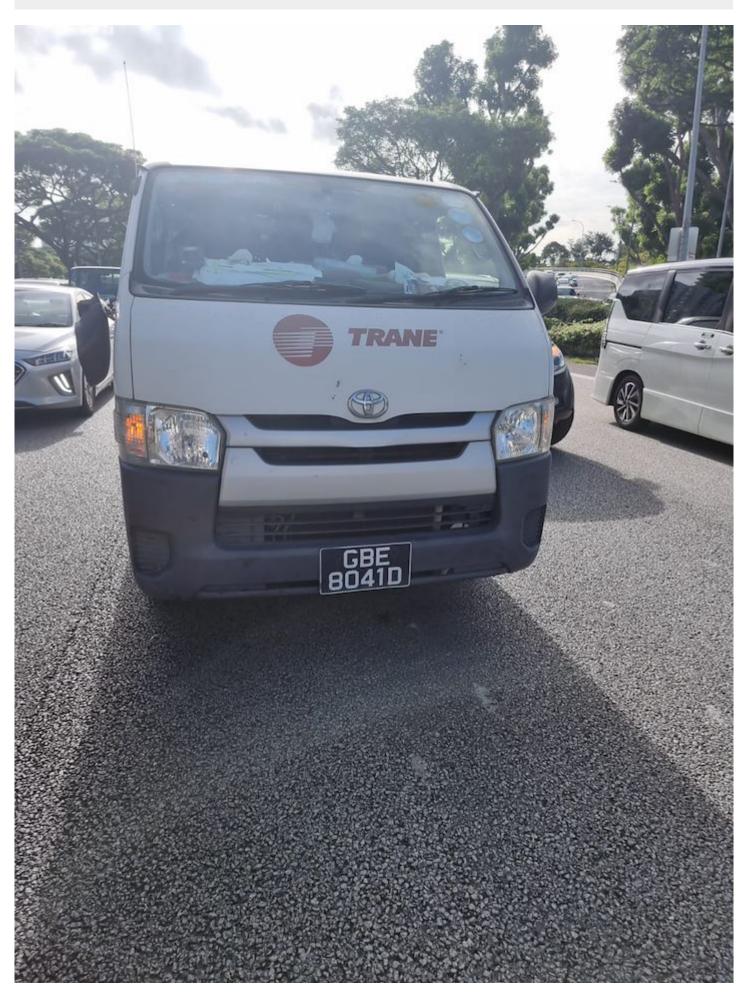


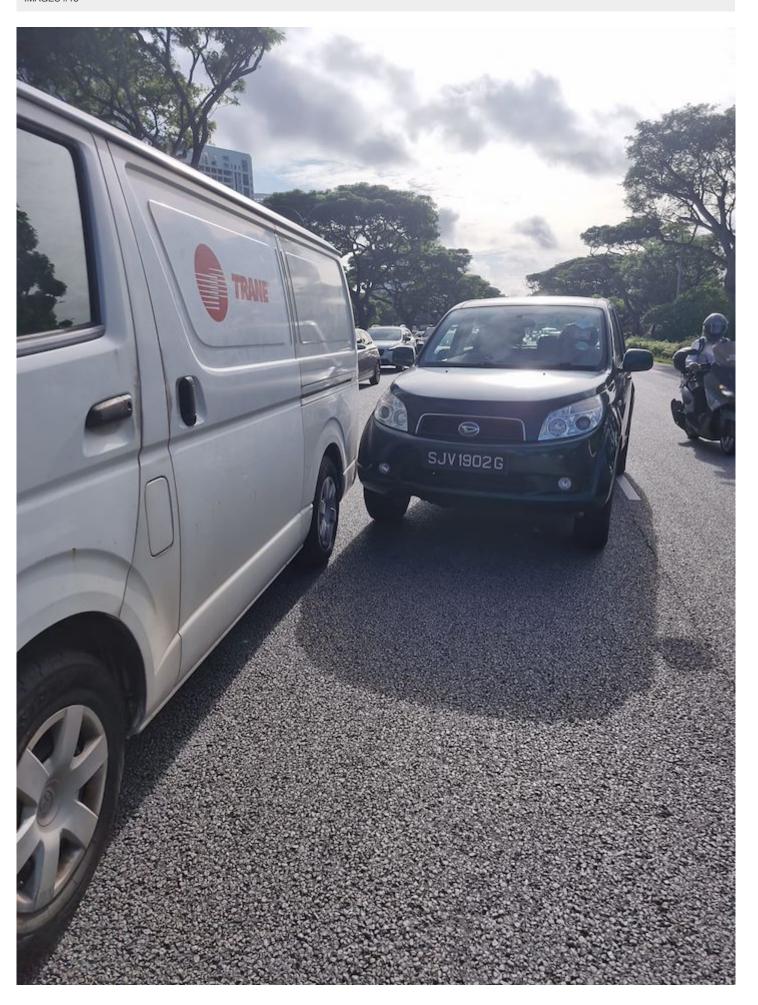














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with

	ADDENDUM
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) (*) Pleas	
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 CIT	ry
Insurance Company: MS First Capital Insura	ince Ltd
I have made a report on the above-mention make the following amendments: 1.Amend Type of accident	ITS: oned accident and would like to include additional information or
make the following amendments:	

GIARMC Addendum Form