

## 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 .....	07/06/2023 17:04 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	07/06/2023 08:15 (SGT)
Exact Location of Accident .....	Tuas Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF1714L
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GOLDBELL ENGINEERING PTE LTD
Company Reg No .....	1XXXXX963G
Email Address .....	rajagopal@goldbell.com.sg
Mobile Phone No .....	(Phone) +65-97577739
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Canter
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 .....	2998

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-23100784MFCV/4

#### DRIVER

Name of Driver .....	RAJAGOPAL S/O RAMAN
NRIC No .....	SXXXX280A
Date Of Birth .....	04/05/1960
Occupation .....	Outdoor

Date Of Driving Pass .....	01/08/1996
Driving experience .....	26 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97577739
Alt. Phone Number .....	-
Email Address .....	rajagopal@goldbell.com.sg
Address .....	APT BLK 277 CHOA CHU KANG AVENUE 2 #14-321
Address complement .....	-
Postcode .....	680277
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 - 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? .....	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? .....	Yes
Police Station Name .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT  
REPORT NUMBER: J/20230607/7051

#### 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 .....	YQ3073J
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	YAP YUEN HUNG
Passport No/FIN .....	GXXXXX912M
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

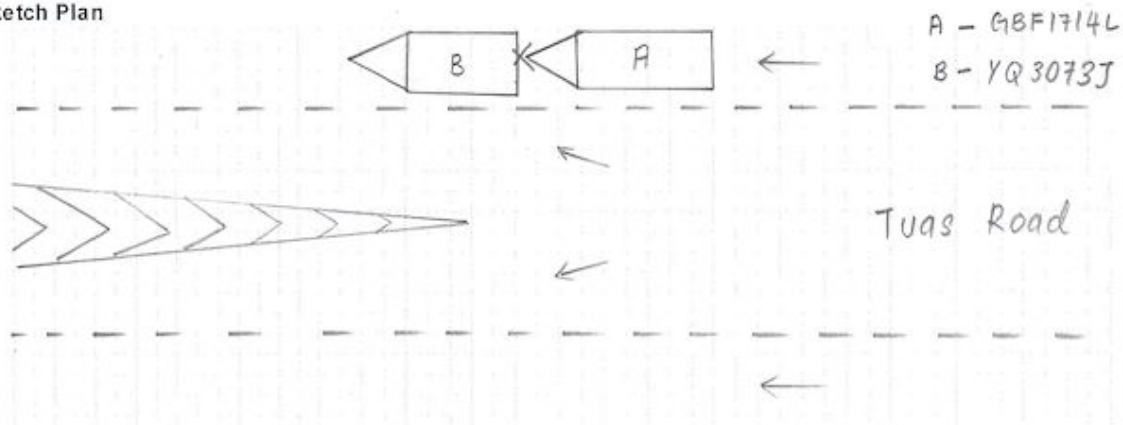
# SKETCH PLAN

## IMPORTANT NOTICE

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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' 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.

		
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

## Sketch Plan



Refer to the police report.

Report number : J/20230607/7051

I (Owner/ In -charge/ Driver) \_\_\_\_\_ Nric No: \_\_\_\_\_ Vehicle no: \_\_\_\_\_

will be sending my above stated damaged vehicle to Company name: \_\_\_\_\_ for my vehicle damaged repairs and insurance claims.

GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharged Goldbell Engineering Pte Ltd

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



Witnessed by Reporting Centre  
Personnel

CERTIFICATE OF INSURANCE		ORIGINAL
<p>Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)</p>		
Type of Policy.	: COMMERCIAL VEHICLE - FLEET	
Type of Cover.	: Third Party	
Certificate No.	: D-23100784MFCV/4	
Vehicle No / Chassis No	: GBF1714L / FEA01BA20283	
Name of Insured	: GOLDBELL ENGINEERING PTE LTD	
Period Of Insurance	: 01.04.2023 To 31.03.2024	
Insured Estimated Value	: 0.00	
<p><b>Excess :</b> SGD1,500.00 SECTION II SGD2,500.00 ON SECTION II IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 26 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE ALL EXCESS AMOUNTS ARE SUBJECT TO GST</p>		
<p><b>Authorised Driver*</b> ANY AUTHORISED DRIVER</p>		
<p><b>Persons or classes of persons entitled to drive*</b> Any person who is driving on the insured's order or with their permission.</p>		
<p>* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>		
<p><b>Limitations as to use*</b> (1) Use in connection with the insured's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business. (3) Use for social, domestic or pleasure purposes.</p>		
<p><b>The Policy does not cover:-</b> (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>		
<p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>		
<p><b>WE HEREBY CERTIFY</b> that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)</p>		
<p>SUSAN/B0174/M2300C</p>		<p>MS First Capital Insurance Limited (Approved Insurers)</p>
<p>Issued at Singapore on 21.03.2023</p>		<p> _____ Authorised Signature</p>





























**SINGAPORE  
POLICE FORCE**

**POLICE REPORT (NP299)**

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7910000



J/20230607/7051 1 of 1  
Report No. J/20230607/7051

Date/Time Report Made 07/06/2023 14:41	Vide Report No.	Station Diary No.
Name Of Informant RAJAGOPAL S/O RAMAN	Address 277 CHOA CHU KANG AVENUE 2 #14-321 SINGAPORE 680277	
ID Type / ID No. NRIC NO / S1416280A	Contact No. Home/Office:	Mobile: 98784560
Nationality SINGAPORE CITIZEN	Email Address Rajagopal@golddbell.com.sg	
Occupation Automotive engineering technician	Sex Male	Age 63
Institution/School Name	Date of Birth 04/05/1960	Race Indian
Date/Time Of Incident 07/06/2023 08:15 - 07/06/2023 08:45	Location Of Incident 277 CHOA CHU KANG AVENUE 2 #14-321 SINGAPORE 680277	

**Brief details.**

when travelling along Tuas road suddenly lorry swerve into my lane and jam on his brake causing a collision.

Lorry number YQ3037J

My vehicle number GBF1714L

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2023 14:41
Officer In-Charge Of Case:	Classification Of Case:



**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: SG0M23670001 Vehicle Registration No: GBF1714L

Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 07/06/2023 Time of Accident: 08:15

Place of Accident: Tuas Rd

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:

- TO AMEND ACCIDENT REPORT TO "THIRD PARTY CLAIM"

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\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:



\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: