

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	28/06/2023 10:50 (SGT)
Reported by	Actual Driver
Date of Accident	26/06/2023 15:30 (SGT)
Exact Location of Accident	290 Orchard Rd, Singapore 238859
Additional Location Information	PARAGON LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3401B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Company Reg No	1XXXXX196N
Email Address	isaacngcl@gbl.com.sg
Mobile Phone No	(Phone) +65-89223935
Alternative Phone No	(Office) +65-64942897

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	2982

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D23100958

DRIVER

Name of Driver	MOHAMMAD RIDZUAN BIN ZAINAL ABIDIN
NRIC No	SXXXX399G
Date Of Birth	11/11/1987
Occupation	Outdoor



Date Of Driving Pass	26/01/2015
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89223935
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	BLK 561A JURONG WEST STREET 42 #04-1131
Address complement	-
Postcode	641561
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	Collided into Parked Vehicle
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)	0
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

ON 26/06/2023 AT ABOUT 1530HRS , I WAS STATIONARY VEHICLE A (GBF3401B) AT PARAGON LOADING BAY FOR LOAD/UNLOAD PURPOSED . SO MY REAR DOOR WAS IN OPENED POSITION . AND IM JUST STANDING BEHIND MY VAN AND COLLECT MY STUFF AT THE LOADING BAY .

SUDDENLY THERE WAS AN ATTENDANT OF VEHICLE B(YP5828R) TRYING TO CLOSE THE REAR LORRY DOOR .BUT UNFORTUNATELY VEHICLE B REAR DOOR HIT ONTO VEHICLE A REAR DOOR . AND CAUSE DAMAGED ON MY VEHICLE A REAR LEFT EDGE OF THE DOOR .

I SHOUTED AT HIM TO STOP THE VEHICLE B FROM MOVING FORWARD . BUT HE MOVE FORWARD INSTEAD OF STOP.

NOBODY WAS INJURED DURING THE INCIDENT.

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	YP5828R
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	FRANCISCO MICHAEL GERARD
NRIC No	SXXXX057G
Contact Number	(Phone) +65-96803857
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

FLASH ACCIDENT
REPORTING OFFICER
FRO MING

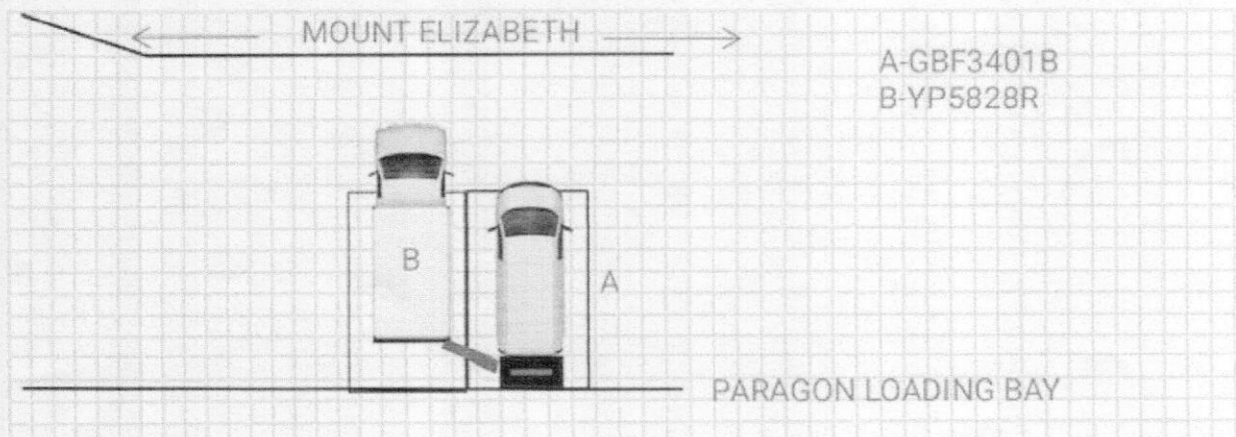
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

26062023 2040HRS



Describe Circumstances of the Accident

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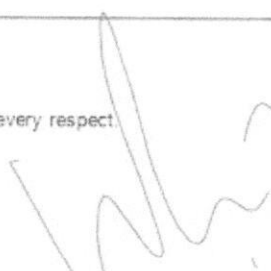
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NOBODY WAS INJURED DURING THE INCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.



FLASH ACCIDENT
REPORTING OFFICER
FRO MING



Policyholder's Signature / Date &
Time

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

26062023 2040HRS

Witnessed by Reporting Centre
Personnel