

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	07/07/2023 23:53 (SGT)
Reported by	Actual Driver
Date of Accident	06/07/2023 09:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE FILTER TO UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1224D
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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) +65-64942897
Alternative Phone No	(Office) +65-64942888

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	FEB21ER4SDEN (CBU)
Exact purpose for which vehicle was being used at time of accident	Private hire
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	D23100958

DRIVER

Name of Driver	RADHAKRISHNAN JAIBALAJI
NRIC No	SXXXX383I
Date Of Birth	07/02/1977
Occupation	Outdoor

Date Of Driving Pass	02/07/2012
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-90037875
Alt. Phone Number	-
Email Address	Isaacngcl@goldbellcorp.com
Address	HDB Anchorvale Vista, 309C Anchorvale Road
Address complement	#02-57
Postcode	543309
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	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

FILTER TOWARDS UPPER CHANG ROAD, TRAFFIC FLOWS WAS SLOW MOVING. SUDDENLY I FELT AN IMPACT FROM BEHIND. SAW A VEHICLE HAS ALREADY HIT INTO MY VEHICLE REAR PORTION.

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	SMT1627B
Vehicle Manufacturer	Nissan
Vehicle Model	Sylphy
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG TING CHONG

NRIC No	SXXXX441D
Contact Number	(Phone) +65-88810621
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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 Officer
 Aizam Bin Atan

 Witnessed by Reporting Centre
 Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

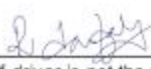
Describe Circumstances of the Accident

FILTER TOWARDS UPPER CHANG ROAD, TRAFFIC FLOWS WAS SLOW MOVING. SUDDENLY I FELT AN IMPACT FROM BEHIND. SAW A VEHICLE HAS ALREADY HIT INTO MY VEHICLE REAR PORTION.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time



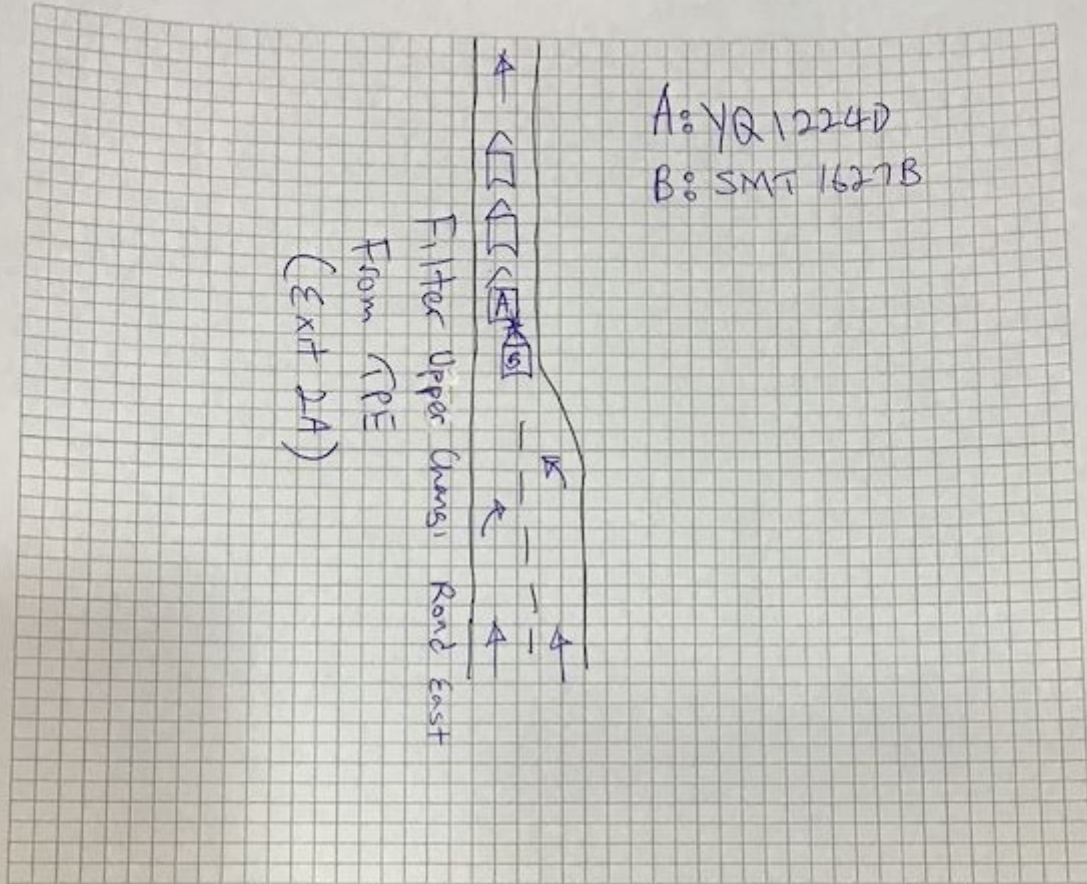
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Aizam Bin Atan

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. 30042021



[Signature]

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

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.:





















