

# 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 .....	08/07/2023 20:52 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	08/07/2023 10:30 (SGT)
Exact Location of Accident .....	Bideford Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ8664E
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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) +65-88390499
Alternative Phone No .....	(Office) +65-64942897

### 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 .....	Manual
CC .....	2998

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	ISLAM TORIKUL
Passport No/FIN .....	GXXXX554P
Date Of Birth .....	10/07/1998
Occupation .....	Outdoor

Date Of Driving Pass .....	07/05/2021
Driving experience .....	2 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88390499
Alt. Phone Number .....	(Office) +65-64942897
Email Address .....	isaacngcl@gbl.com.sg
Address .....	1 SOON LEE STREET #06-14/15
Address complement .....	-
Postcode .....	627605
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### 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 THE 08/07/2023 AT AROUND 1030HRS. I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER GBJ8664E ALONG BIDEFORD ROAD INTENDING TO TURN RIGHT TOWARDS BIDEFORD ROAD. AS I MADE MY RIGHT TURN, THERE WERE PEOPLE CROSSING AND I BRAKE TO AVOID HITTING THEM. SHORTLY AFTER, I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER SMU3691X HAD COLLIDED ONTO MY REAR. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

#### 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 .....	SMU3691X
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PANG FU HAO
NRIC No .....	SXXXX506C
Contact Number .....	(Phone) +65-82026225
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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 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 DAHNIAL



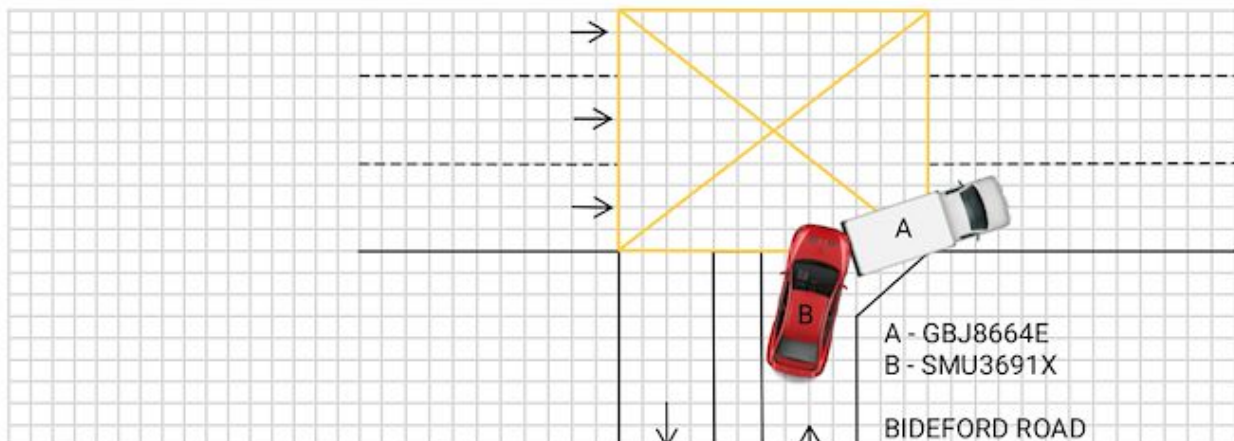
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

08072023 1200HRS



## Describe Circumstances of the Accident

ON THE 08/07/2023 AT AROUND 1030HRS. I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER GBJ8664E ALONG BIDEFORD ROAD INTENDING TO TURN RIGHT TOWARDS BIDEFORD ROAD. AS I MADE MY RIGHT TURN, THERE WERE PEOPLE CROSSING AND I BRAKE TO AVOID HITTING THEM. SHORTLY AFTER, I FELT AN IMPACT ON MY REAR AND REALISED THAT VEHICLE B BEARING REGISTRATION NUMBER SMU3691X HAD COLLIDED ONTO MY REAR. NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION.

## 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

08072023 1200HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FRO DAHNIAL



Witnessed by Reporting Centre  
Personnel















































