

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 First Submission 31/07/2023 10:19 (SGT)
Reported by Actual Driver
Date of Accident 29/07/2023 07:30 (SGT)
Exact Location of Accident Yishun Ave 9, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9697A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL LEASING PTE LTD
Company Reg No 199001196N
Email Address isaacngcl@gbl.com.sg
Mobile Phone No (Phone) +65-88974179
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 - Reporting only
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 RAVICHANDRAN PRAVEEN KUMAR
Passport No/FIN G2637354U
Date Of Birth 04/06/1992
Occupation Outdoor

Date Of Driving Pass	14/07/2021
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-88974179
Alt. Phone Number	-
Email Address	isaacngcl@gbl.com.sg
Address	710 HOUGANG AVENUE 2 #13-135
Address complement	-
Postcode	530710
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?	Yes
Police Station Name	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT: T/20230729/2079

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	SKX7680J
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
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

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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 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.

R. Praveenkumar

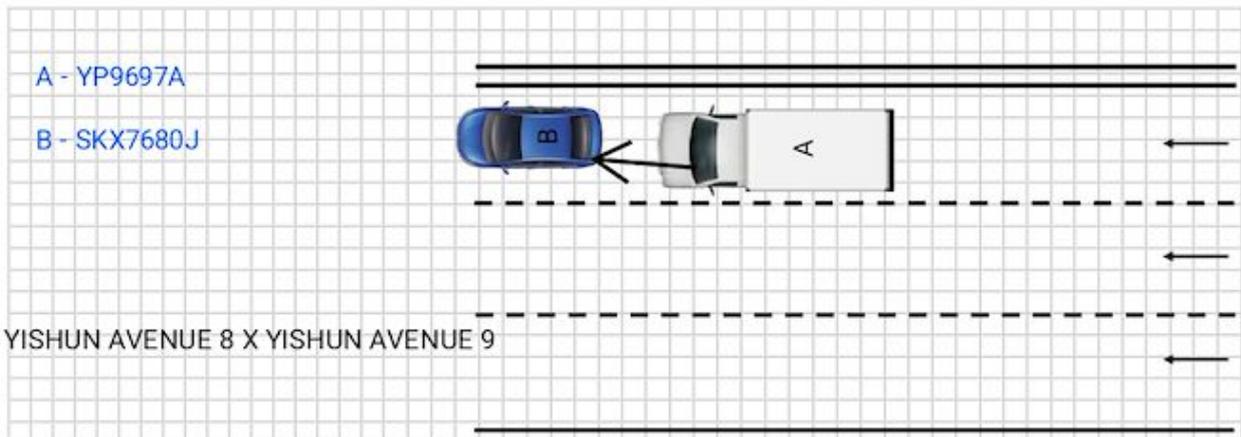


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
 29/07/2023 2110hrs

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT: T/20230729/2079

Declaration

We declare the foregoing particulars are true in every respect.

G. Frankenberger



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

29/07/2023 2110hrs







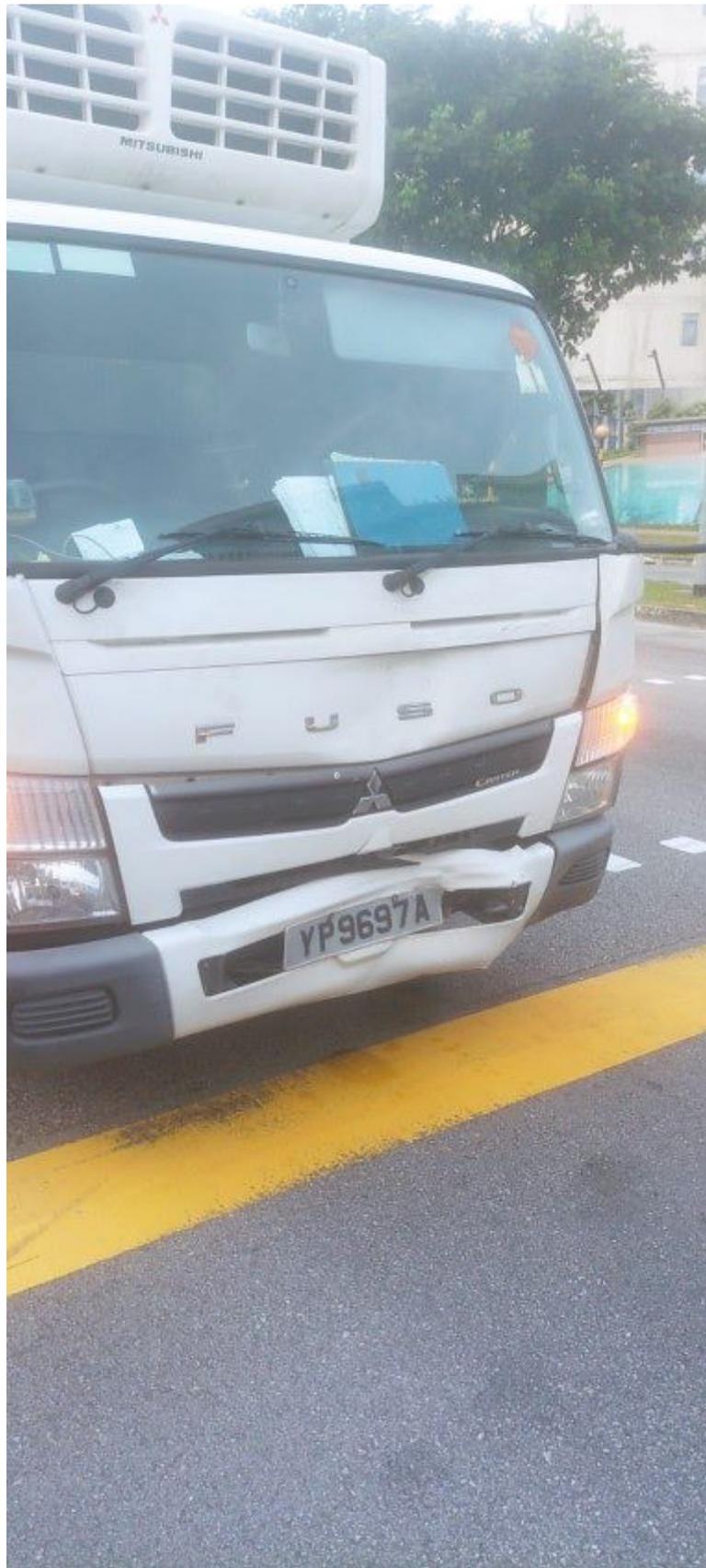


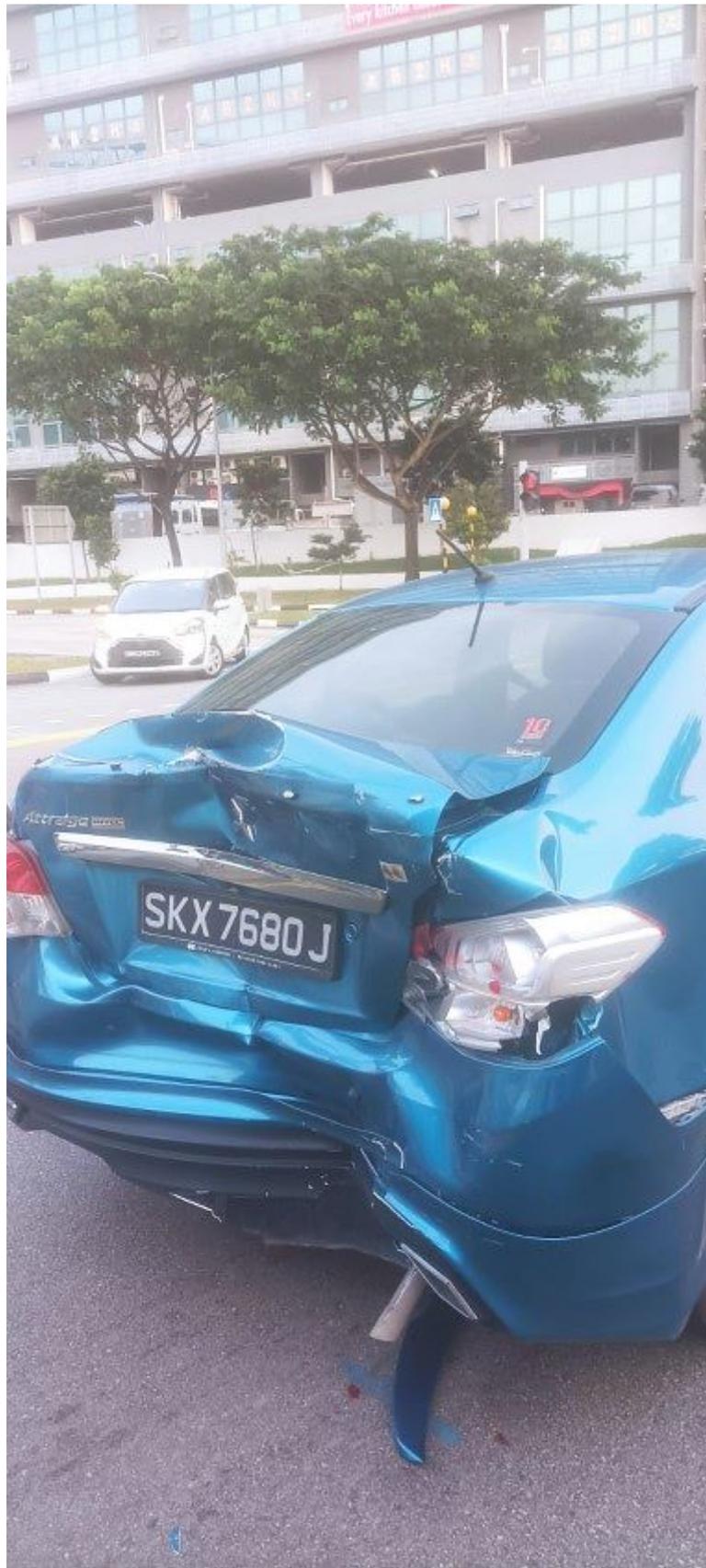






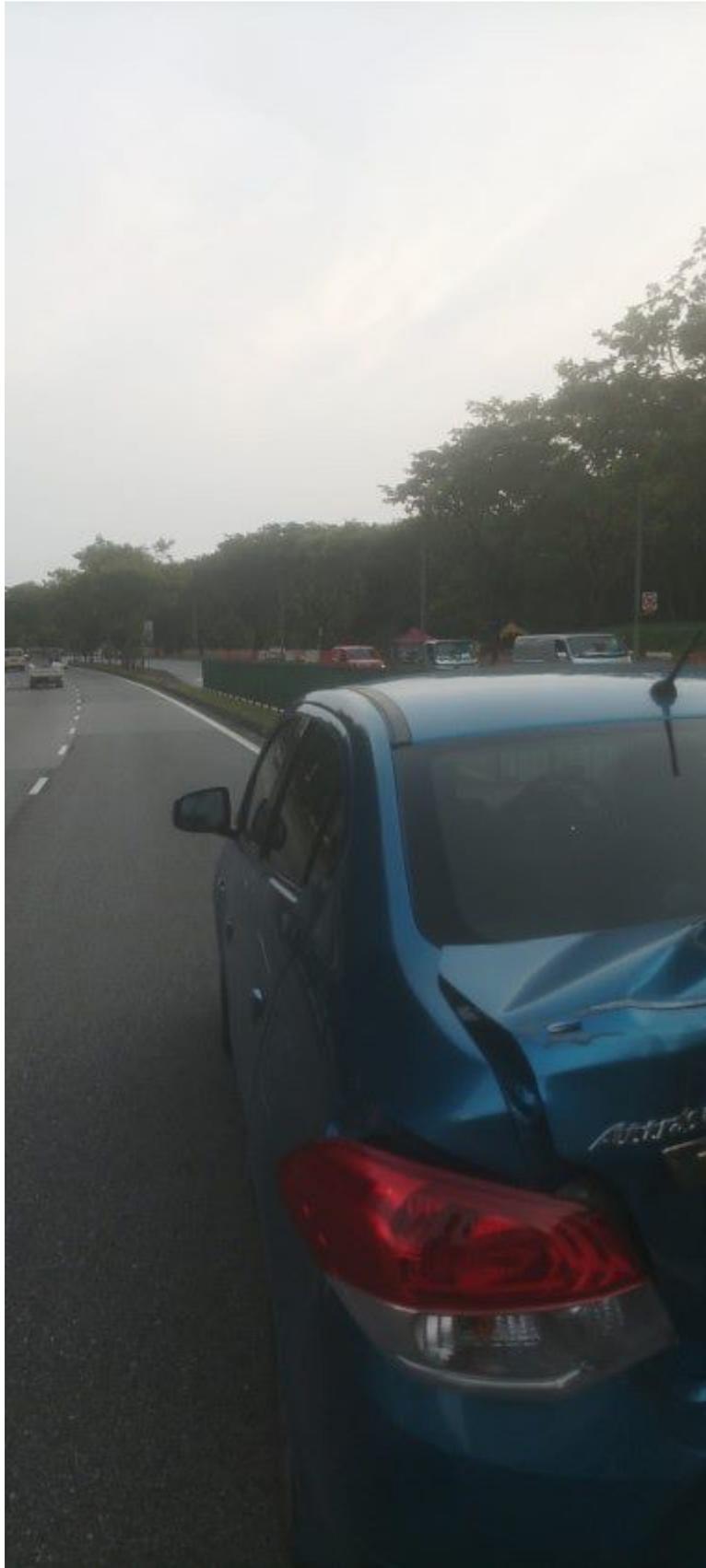















**SINGAPORE
POLICE FORCE**


T/20230729/2079

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054

Report No. T/20230729/2079

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2023 16:56	Vide Report No.:	Station Diary No.:
		14

Informant's Particulars

Name of Informant: RAVICHANDRAN PRAVEEN KUMAR		Address: 710 HOUGANG AVENUE 2 #13-135 SINGAPORE 530710	
ID Type / ID No.:		Contact No.:	
FIN NO / G2637254U		Home/Office: Mobile: 88974179	
Nationality: INDIAN		Email:	
Sex: Male	Age: 31	Date of Birth: 04/06/1992	Type of Informant: Driver
Race: Indian		Language: English	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry: 13/07/2026	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/07/2023 07:30	Type of Location: T-Junction
Location: YISHUN AVENUE 9				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX7680J	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Blue	Slightly Damaged	1
YP9697A	Lorry	MITSUBISHI	CANTER FEB21ER4S DEN	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20230729/2079

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20230729/2079

CONTINUATION OF REPORT

Driver			
Name	ZHANG XINGANG	ID No.	S8175805J
Related Vehicle	SKX7680J (Car)	Contact No.	92210536
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RAVICHANDRAN PRAVEEN KUMAR	ID No.	G2637254U
Related Vehicle	YP9697A (Lorry)	Contact No.	88974179
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 13/07/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my lorry on the most right lane along Yishun Ave 8. Upon reaching the junction at Yishun Ave 9, I saw the traffic light showing amber colour and I was preparing to stop by the stop line. I thought the car in front of me will continue to go but he stopped suddenly as such my lorry hit into the rear of the car. No one was injured and we exchanged particulars. I can provide the in-car camera footage if it is necessary.



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Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20230729/2079

3 of 3

Report No. T/20230729/2079

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /
SGT 2 Lim Zhi Hao

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/07/2023 16:56

Officer In Charge Of Case:
TP / GIA /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168



