

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	13/06/2024 19:32 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2024 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BKE TOWARDS WOODLANDS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7103B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BIG-FOOT LOGISTIC PTE LTD
Company Reg No	1XXXXX061H
Email Address	Sanjay.ram@bigfoot.com.sg
Mobile Phone No	(Phone) +65-97307902
Alternative Phone No	(Office) +65-63505050

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	PKC37BNHNP
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	2488

INSURANCE COMPANY

Name of Insurance Company	Allied World Assurance Company, Ltd
Policy Number / Cover Note Number	BVFCB0013872302

DRIVER

Name of Driver	XU ZHONGXIAO
Work Permit No	GXXXX708U
Date Of Birth	-
Occupation	Outdoor

Driving Pass Date	06/08/2019
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	8 JOO KOON ROAD
Address complement	-
Postcode	628972
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 - Change/cross lane
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

I was traveling along BKE towards woodlands it was a 4 lane traffic and my vehicle was positioned in the 4th lane suddenly third party vehicle which was on the 3rd lane made a lane change to the 4th and collided onto my vehicle right rear area. No injuries involved. I was using my vehicle for work purpose during the time of accident.

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	SHF68D
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi

Name of Driver	SU JUNDA
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

WITNESS DETAILS

WITNESS 1

Name	-
Phone	
Email	-

Describe Circumstances of the Accident

I was traveling along BKE towards woodlands it was a 4 lane traffic and my vehicle was positioned in the 4th lane suddenly third party vehicle which was on the 3rd lane made a lane change to the 4th and collided onto my vehicle right rear area. No injuries involved. I was using my vehicle for work purpose during the time of accident.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

XU Zhen

Driver's Signature (If driver is not the policyholder) / Date
& Time 13 June 2024

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood
Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM Ver. 30042021

Vehicle A: YM 7103B
Vehicle B: SHF68D

Policyholder's Signature
Date & Time:

Xu 2/10/15

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:













































































