

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	21/10/2024 13:57 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/10/2024 02:30 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	JUNCTION OF ANGULLIA PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK7405X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RISKANDAR BIN ROSLAN
NRIC No	SXXXX998C
Email Address	COACHRISRAHMAN@GMAIL.COM
Mobile Phone No	(Phone) +65-88818993
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
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	Private hire
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145447440

DRIVER

Name of Driver	RISKANDAR BIN ROSLAN
NRIC No	SXXXX998C
Date Of Birth	17/07/1980
Occupation	Outdoor
Driving Pass Date	24/11/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88818993
Alt. Phone Number	-
Email Address	COACHRISRAHMAN@GMAIL.COM
Address	106 BEDOK NORTH AVE 4 #05-1972
Address complement	-
Postcode	460106
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 TRAVELLING ALONG ORCHARD ROAD ON 19/10/24 AT ABOUT 2.30AM. I WAS TRAVELLING STRAIGHT WHEN SUDDENLY VEHICLE B ABRUPTLY CUT INTO MY LANE AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE. WE ALIGHTED, EXCHANGE PARTICULARS AND LEFT THE SCENE

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	SH7607L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM
Contact Number	(Phone) +65-98491253
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

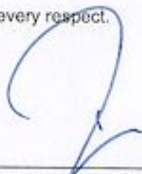
I was travelling along orchard Road on 19/10/2024 at about 2.30am. I was travelling straight when suddenly vehicle B abruptly cut into my lane and collided onto the front left portion of my vehicle. we alighted, exchange particulars and left the scene.

Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)