

# 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 .....	16/12/2024 10:31 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	13/12/2024 20:30 (SGT)
Exact Location of Accident .....	161 Pioneer Rd, Singapore 508988
Additional Location Information .....	PIONEER ROAD NORTH X SOON LEE DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBA2625E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	BAN HONG ALUMINIUM AND CONSTRUCTION PTE LTD
Company Reg No .....	2XXXXX689G
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 .....	2982
Vehicle Fuel .....	Diesel
First Registration Date .....	07/05/2007
Chassis no .....	JTFAT35YX03000735
Effective Date/Time of Ownership .....	07/05/2007 00:00 (SGT)

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D19MCV0002415_05

### DRIVER

Name of Driver .....	MASUD MD KHALED
Passport No/FIN .....	GXXXX658L
Date Of Birth .....	
Occupation .....	Outdoor
Driving Pass Date .....	07/10/2021
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	
Alt. Phone Number .....	-
Email Address .....	
Address .....	
Address complement .....	-
Postcode .....	
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 - Cross Junction
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) .....	4
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 .....	ANISUR
Gender .....	Male

#### PASSENGER 2

Name .....	AZAD
Gender .....	Male

#### PASSENGER 3

Name .....	NADIMUL
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

AT THE CROSS JUNCTION OF PIONEER ROAD NORTH X SOON LEE DRIVE, TRAFFIC LIGHT TURN GREEN. AS THERE WERE PEDESTRIAN CROSSING, I STOPPED . VEHICLE NO. SBS 6081 C (SERVICE 193) CAME FROM BEHIND AND HIT ONTO MY VEHICLE REAR BODY.

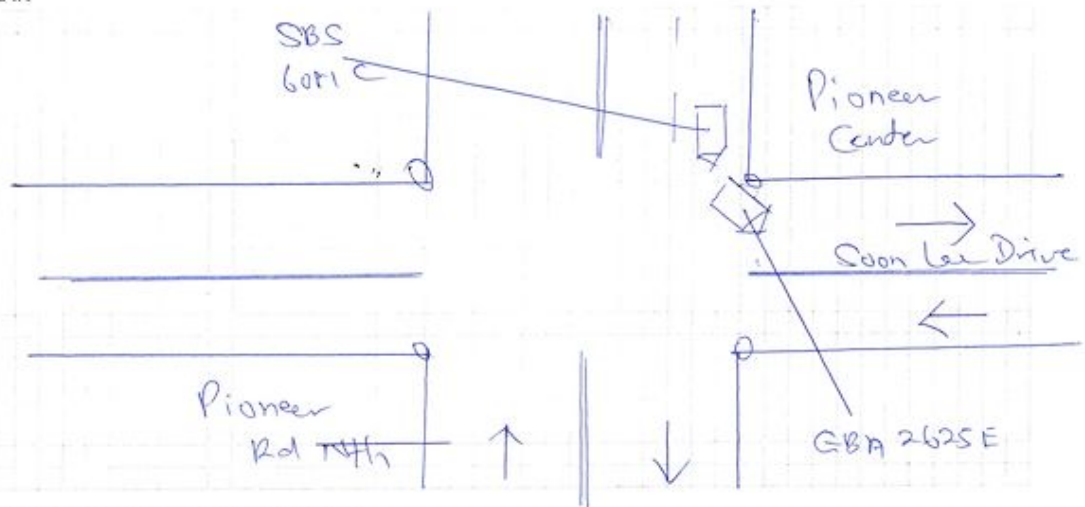
ATTACHMENT(S)

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 ..... SBS6081C  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Bus  
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) ..... 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the cross junction of Pioneer Rd North x Soon Lee Drive, traffic light was green, as there were pedestrian crossing, I stopped. Vehicle No ~~SBS~~ SBS 6081 c (Service 193) came & hit me from behind.

DECLARATION

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

Policyholder's Signature  
Date & Time: 16/12/24

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16/12/24

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



























