

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 Authorised 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 ability.
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 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 Report	21/02/2014 11:55
Date Of Accident	20/02/2014 15:20
Exact Location Of Accident	MARINA GROVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB7335T
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Insured/Policyholder

Name Of Registered Owner	LIAN XING SAND & GRANTE PTE LTD
Co Reg No	198104709G

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV517JD2RDEB
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	Tenet Sompo Insurance Pte. Ltd.
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	DB329311995
Cover Note Number	10/10/13 - 09/10/14

Driver

Name of Driver	TAN HONG SENG
NRIC No	S1400602H
Date Of Birth	27/04/1960
Occupation	Outdoor
Date Of Driving Pass	26/05/1983
Driving Experience	30 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-84100602
Fax Number	
Contact Number	Office-62864304
EMail Address	lianxing@singnet.com.sg
Address	BLK 126 TOA PAYOH LOR 1 #08-553
Postcode	310126
Was driver an employee of the Insured's Company	Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

-
-
-
-
-
-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident	Unknown - TP OVERTAKE INS VEHICLE
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

I was driving along Marine Grove, it was 2 carriage way and one lane on each way. I switch on my right signal proceed to make a right turn upon confirm on-coming traffic was clear. M/truck XB5471X overtook me from the right and result the collision. Damage to my truck front right portion. No one was injured.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB5471X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SUNDARA BHARATHI SENTHILKUMAR
NRIC/Passport Number	G7496304N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

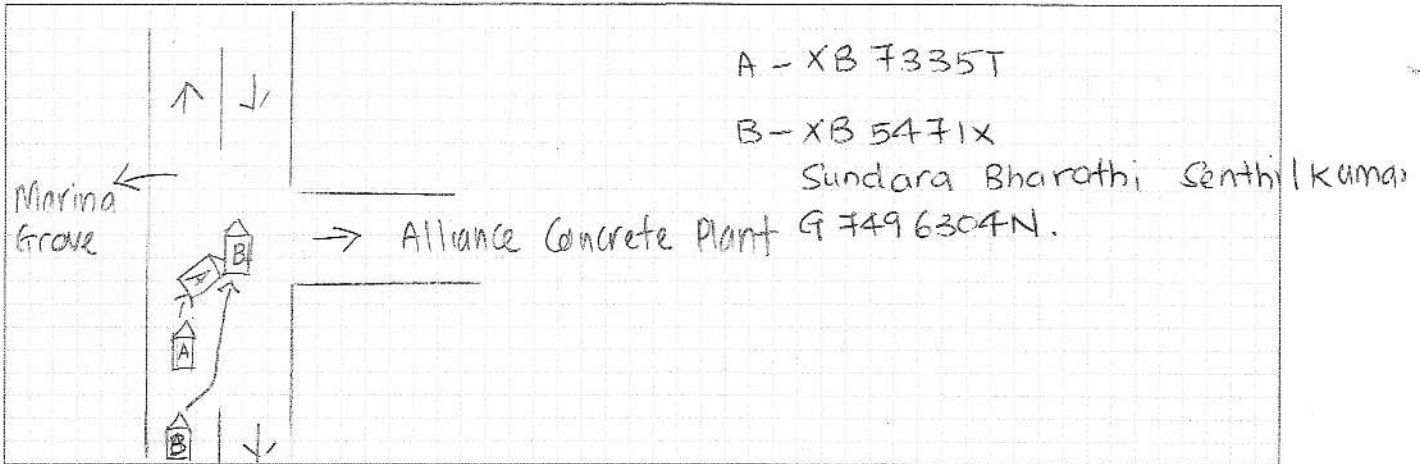
Name	
Phone Number	
Email Address	

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

Insurer = Tenet Sompo Insurance Pte Ltd
Owner = Han Xing Sand & Granite Pte Ltd
Driver = Tan Hong Seng
Vehicle No = XB 7335T TYPE = Third Party Claim
DOA = 20/2/14 3.20PM @ Marina Grove.
I was driving along Marina Grove, it was 2 carriage way and one lane on each way. I switch on my right signal proceed to make a right turn upon confirm on-coming traffic was clear. M/Truck XB 5471X overtook me from the right and result the collision. Damage to my M/Truck front right portion. No one was injured.

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

Witnessed by Reporting Centre Personnel