

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	29/11/2017 17:22
Date Of Accident	25/11/2017 14:30
Exact Location Of Accident	WOODLANDS CAUSEWAY POINT BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4138K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	RAJ.KUMAR@GCPAT.COM
Mobile Phone No	(LOCAL) +65-96655083
Alternative Phone No	OFFICE-96655083

Vehicle Particulars

Manufacturer	FIAT
Model	DABLO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD16V16557/VCZ/R02
Cover Note Number	

Driver

Name of Driver	RAJ KUMAR S/O RAJAH
NRIC No	S1478690B
Date Of Birth	30/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2003
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96655083
Fax Number	
Contact Number	OTHERS-96655083
Email Address	RAJ.KUMAR@GCPAT.COM

Address	BLK 611 WOODLANDS RING ROAD #03-201
Postcode	760611
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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



PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

SKETCH PLAN


 RAJ KUMAR
 Drawing a Diagram of River & the adjacent area
 Date: 29/11/2017
 Drawing Centre: Pondicherry
 Search Area: WOODLANDS CAULDRON POINT BARKMAN CARPARK


Sketch Plan #2

Describe Circumstances of the Accident

Driver was driving towards the basement 2 level looking out for a carpark lot. Due to negligence, he mis-judged the sharp turning angle and side swipe the left rear against the left sided wall at the corner. No one was injured in the accident.

Declaration

I/we declare the foregoing statements are true in every respect.


Declarant's Signature



* **RAJ KUMAR**

Signature of person or driver in the vehicle at the time of the accident

& Date

 29/11/2017
Training Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0090
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500203 / GST Reg. No: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA17157765 Vehicle Registration No: GBK4138K
Name (as shown in NRIC) : RAY KUMAR S/O RAJAH NRIC/FIN/Passport No : S14786908B
☒ Vehicle Driver ☐ Vehicle Owner (*) Please delete as appropriate

Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96655083
Email Address : _____
Date of Accident : 25/11/2017 Time of Accident : 14:30
Place of Accident : WOODLAND COMMUNITY POINT BASINMENT CARPARK
Insurance Company : LIBERTY INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER TO SD16V16557/VC2/R02

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: RASHI WARRIOR
NRIC/FIN No.: _____
Date: 25/11/2017