

## 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	21/12/2017 14:06
Date Of Accident	21/12/2017 10:30
Exact Location Of Accident	PIE EXIT 26A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2982H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WELLBUILT CONSTRUCTION PTE LTD
Co Reg No	201432251H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66946065

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (M)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083032272-01
Cover Note Number	

### Driver

Name of Driver	KUMAR VIJAYAKUMAR
Passport No/FIN	G7917371T
Date Of Birth	13/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86714252
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	1 TUAS SOUTH STREET 12
Postcode	636946
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	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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

On 21/12/2017 at about 1030hrs, I was driving along the PIE Exit 26 A slip road, suddenly one car (B :SGM9775J) with high speed came from behind squeezed into my lane & overtake me. I stop and give way, but the vehicle B still collided onto front lorry's right front portion. Both vehicles no passenger on board. Nobody was injured in the accident.

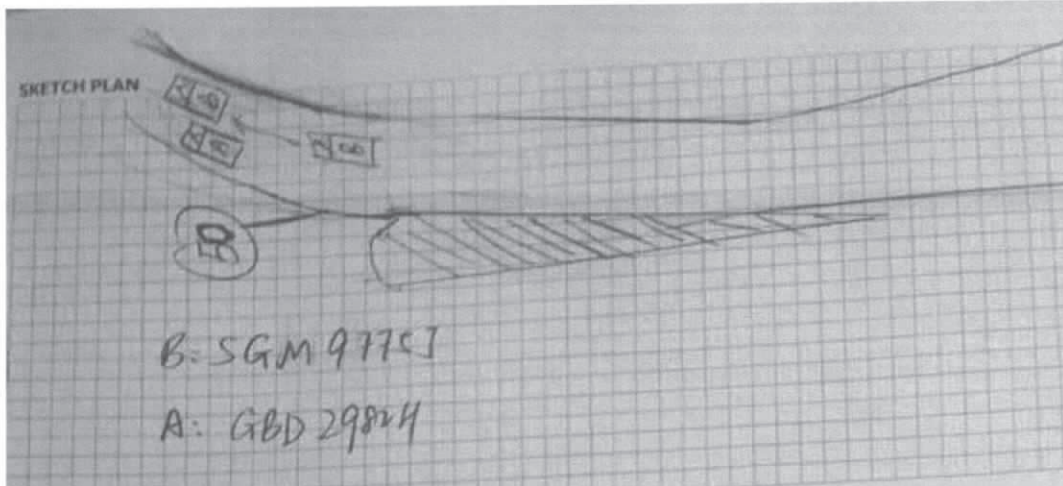
#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM9775J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	KUMAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER G1A STATEMENT

DECLARATION

I declare the foregoing particulars are true in every respect.

Policyholder's Signature  
& Time:  
12/12/2017  
17:34:35



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
2017/12/21  
17:34:35

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

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2251H
Vehicle Details	
Vehicle No.:	GBD2982H
Vehicle to be Exported:	No
Intended De-registration Date:	22 Dec 2017
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	1KD2425322
Chassis No.:	KDY2318016534
Maximum Power Output:	-
Open Market Value:	\$33,916.00
Original Registration Date:	28 Aug 2014
First Registration Date:	28 Aug 2014
Transfer Count:	1
Actual ARF Paid:	\$1,696.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Aug 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$40,889.00
COE Rebate Amount:	\$27,314.00