

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 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 Report	03/12/2018 17:26
Date Of Accident	03/12/2018 12:30
Exact Location Of Accident	CONSTRUCTION SITE @ PUNGGOL 24TH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4598K
Insured/Policyholder	
Name Of Registered Owner	KOK TONG TRANSPORT & ENGINEERING WORKS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96155910

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCVSN1801311800
Cover Note Number	-

Driver

Name of Driver	VEERAPPAN ARUMUGAM
NRIC No	S7663255C
Date Of Birth	27/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	10/08/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98584007
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 321 HOUGANG AVE 5 #06-48
Postcode	530321
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	RAINING
Road Surface	WET

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?	
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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

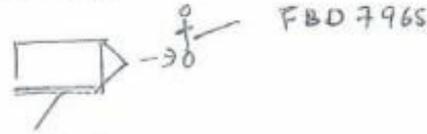
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD796S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

unknown trailer (parked)



XD4598K

Construction Site @ Punggol 24th Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

there was a trailer parked on the left side
 as I proceed to move suddenly a motorbike came
 straight ahead from the left side + we collided

INSURER: China Taiping
 VEHICLE NO: XD4398c
 DOA: 3/12/18
 CLAIM TYPE: Repairs
 WORKSHOP: N/A

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:

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

DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7663255C**

Name: **VEERAPPAN ARUMUGAM**

Date of Birth: **27 Jun 1976**

Issue Date: **16 Jun 2008**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7663255C**

Name: **VEERAPPAN ARUMUGAM**

வீரப்பன் ஆறுமுகம்

Race: **INDIAN**

Date of birth: **27-06-1976** Sex: **M**

Country of birth: **INDIA**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	EXPIRES
Class 2B	Motorcycles <= 200 CC	16 Jun 2008
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	16 Jun 2008
Class 1	Heavy motor cars and motor tractors > 2500 kg	18 Aug 2012

STAGEONE S/No. 9000157546

Licence No. **S7663255C**



8792701



NRIC No. **S7663255C**

Nationality: **INDIAN**

Date of issue: **31-07-2006**

APT BLK 321 HOUGANG AVENUE 5 #06-48
SINGAPORE 530321

NRIC No: **S7663255C** Date: **13/04/2012** No: **7061198**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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