

## 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	31/12/2018 13:57
Date Of Accident	30/12/2018 11:00
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD TOWARDS CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM2113T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ELAMTHURUTHI JOSEPH JOSHI
NRIC No	S2749938D
Email Address	EJ_JOSHI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96270661
Alternative Phone No	OFFICE-96270661

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	V8009366
Cover Note Number	

### Driver

Name of Driver	ELAMTHURUTHI JOSEPH JOSHI
NRIC No	S2749938D
Date Of Birth	25/06/1962
Occupation	INDOOR
Date Of Driving Pass	09/12/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96270661
Fax Number	
Contact Number	OFFICE-96270661
EEmail Address	EJ_JOSHI@YAHOO.COM

Address	BLOCK 671A KLANG LANE #02-53
Postcode	211671
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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

Please refer to the attached Sketch Plan for the accident details

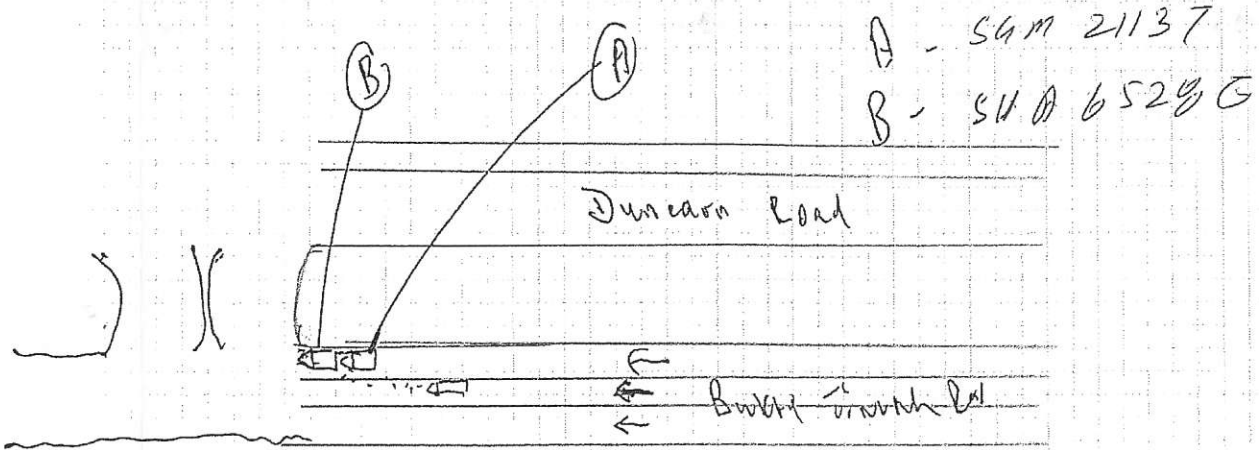
#### Attachment(s)

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	SHA6528C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

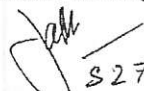


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/12/2018 at about 11 AM I was driving along Bukit Timah Road heading towards Clementi from Little India. My Car No is SGM 21137. I was driving on the right most lane. A Taxi with Reg. No. SIA 6528G was driving on the second lane. Just before the right turn road meet for a U turn from Bukit Timah road to Duncan road, the driver of Taxi SIA 6528G took a sudden right turn. As the driver of above taxi had to cross his right lane and as it was an sudden action without checking the blind spot of the taxi I did not get enough time to stop my car. The driver who was crossing through to right most lane to the U turn, he had to slow down on the right most lane as it was very close to U turn road. My vehicle is damaged because of the hit behind the taxi.

DECLARATION

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

  
S2749938D

Policyholder's Signature

Date & Time: 31/12/18

11-39 AM

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Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: