SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/02/2019 11:07
Date Of Accident	04/02/2019 09:35
Exact Location Of Accident	TUAS SOUTH AVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE2549K
Insured/Policyholder	
Name Of Registered Owner	GALAXY LOGISTICS PTE LTD
Co Reg No	199802446Z
Email Address	ARASAN1109@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90893880
Alternative Phone No	OFFICE-62621903
Vehicle Particulars	
Manufacturer	SCANIA
Model	P400CB8X4MHZ-12.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0014498-MVA-R002
Cover Note Number	
Driver	
Name of Driver	PATTRAMANGALAM SUBBURAJ DHAYANITHI
Passport No/FIN	G6631395L
Date Of Birth	02/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83449794
Fax Number	and a second of the second of
Contact Number	
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NOEMAIL

Address

42 HAZEL PARK TERRACK

Postcode

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

17

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

NO

ambulance?
Was any other material or property damaged?

I have been approached by unknown person(s)

YES

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

REFER TO ATTACH 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD8985A

Vehicle Make/Model/Colour

ISUZU/TIPPER TRUCK

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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Sketch Plan #2



ESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON TUBES SOUTH AND 8. MY VEHICLE XE25A9K WAS STEPPED @ TRAFFIC JUNCTION DUE TO RED LIGHT. WHEN THE COLOUR CHANGE TO GREEN, THE TRYCK INFRONT OF ME START TO MOVE FOWARD AND ME TOO START TO BRIVE FOWARD. SUDDENING THE TRYCK INFRONT OF STOP. I JAMAGO BLAKE TO AVOID COLLISION BUT I COULDN'T STOP IN TIME. MY VEHICLE FRONT HIT ON TO REAR OF VEHICLE (B) XD 8985 B.

MPGRIANT NOTE

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