SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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	27/10/2017 16:12
Date Of Accident	26/10/2017 09:30
Exact Location Of Accident	ALONG WOODLANDS AVE 3 TOWARDS WOODLANDS AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC6250A
Insured/Policyholder	
Name Of Registered Owner	A.Z BUS PTE LTD
Co Reg No	200304649K
Email Address	HILMI@AZBUS.COM.SG
Mobile Phone No	(LOCAL) +65-97480340
Alternative Phone No	OFFICE-97480340
Vehicle Particulars	
Manufacturer	HIGER
Model	KLQ6118K AUTO
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Fleet Policy NO

Policy Number D17MTSCBU000255

Cover Note Number

Driver

Name of Driver

NRIC No

G6417176W

Date Of Birth

16/06/1977

Occupation

OUTDOOR

Date Of Driving Pass

17/06/2010

Driving Experience 7 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97480340

Fax Number

Contact Number

EMail Address HILMI@AZBUS.COM.SG

Address

Postcode

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

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Insurance Company of Driver's Own Vehicle

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1

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
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD, WHEN MY HAND PHONE EARPIECE FELL OFF. WHEN I ATTEMPTED TO PICK IT UP, MY VEHICLE SURGED FORWARD AND HIT THE REAR OF VEHICLE B. NOBODY WAS INJURED. STATEMENT WAS READ TO MY SUPERVISOR AND TRANSLATED TO ME IN MANDARIN AND I ACKNOWLEDGED IT.

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 YM8287Y

Vehicle Make/Model/Colour MITSUBISHI/FUSO/RED

Details Of Properties

Name of Driver SIM LEE MENG
NRIC/Passport Number S1069941Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

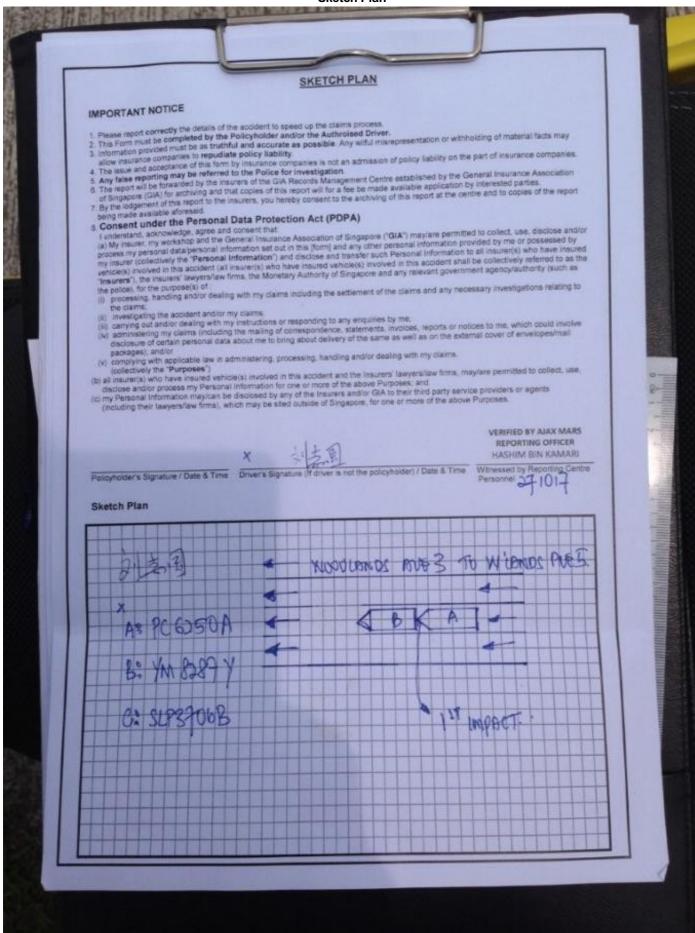
No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address



Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED MENTIONED ROAD, WHEN MY HAND ATTEMPTED TO PICK IT UP, MY VEHICLE B.		
NOBODY WAS INJURED. STATEMENT TRANSLATED TO ME IN MANDRIN AN	WAS READ TO MY SUPERVISOR AND DIACKNOWLEDGED IT.	
Taxi Voucher No.:		
DECLARATION I/We declare that the above particulars & information provided above are true in every aspect		
VERIFIED BY AJAX MARS REPORTING OFFICER - HASHIM BIN KAMARI	文人	
MARS Officer	Registered Owner or Privario Cignatura	
Job Complete Date/Time	Registered Owner or Driver's Signature Date/Time:	
27 October 2017 at 11:38 AM	27 October 2017 at 11:39 AM	

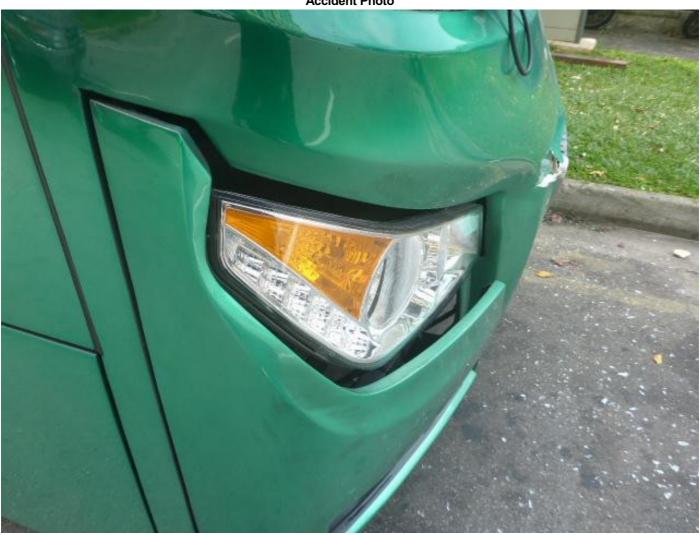


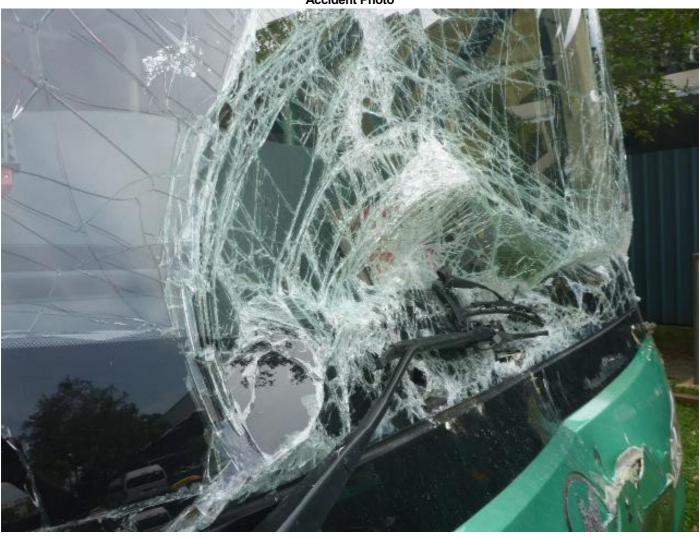


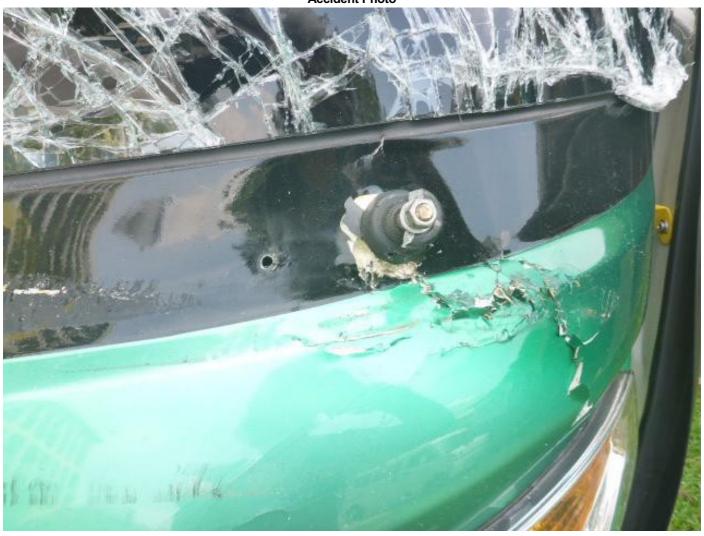


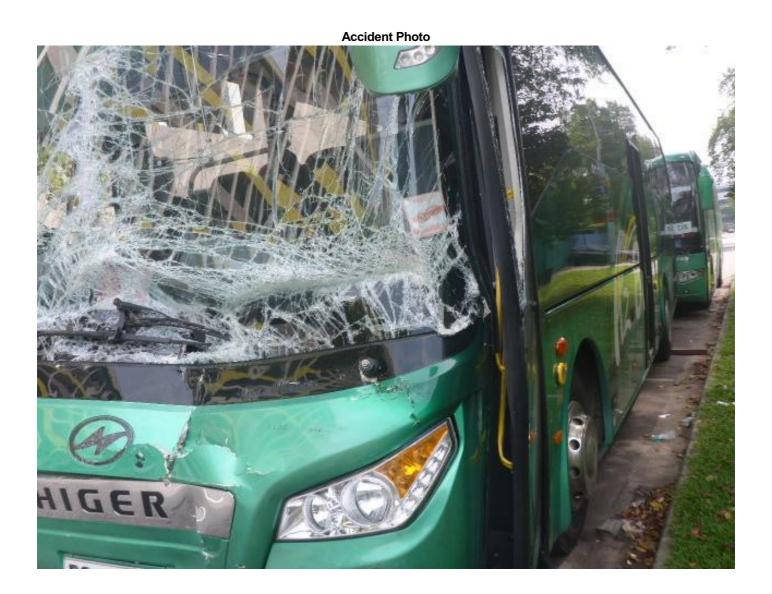




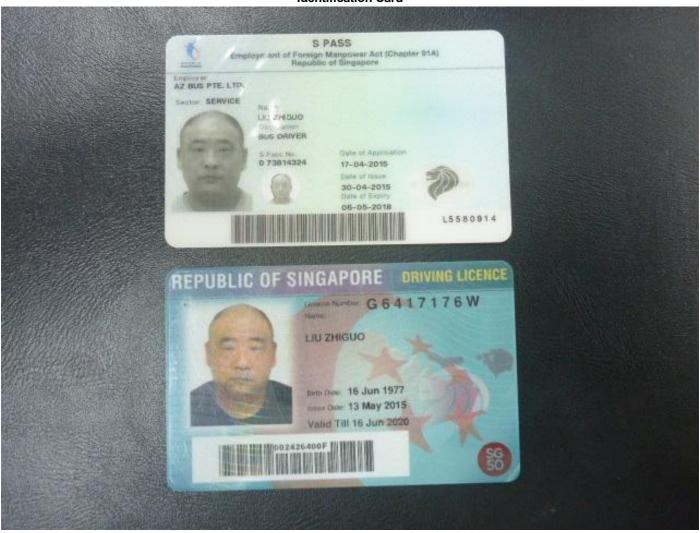








Identification Card



Identification Card

