

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 | 13/06/2019 09:45 |
| Date Of Accident | 26/03/2019 17:00 |
| Exact Location Of Accident | COMMONWEALTH AVE WEST |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBF6301L |
| Insured/Policyholder | |
| Name Of Registered Owner | D'GALLERIA PTE LTD |
| Co Reg No | 201109115R |
| Email Address | DERRICK@GERMAXCO.COM.SG |
| Mobile Phone No | (LOCAL) +65-97666796 |
| Alternative Phone No | Office-63235560 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | TOYOTA |
| Model | DYNA 150D 2 TON [LORRY] |
| 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? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100497318-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | MOHAMMED YUSRI BIN AHMAD |
| NRIC No | s8319781a |
| Date Of Birth | 29/06/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/02/2016 |
| Driving Experience | 3 YEARS AND 1 MONTH |

| | |
|---|--------------------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94482492 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | DERRICK@GERMAXCO.COM.SG |
| Address | 422 CLEMENTI AVENUE 1, CASA CLEMENTI |
| Postcode | 120422 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | PAID DRIVER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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? | |
| Was any other material or property damaged? | NO |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI POLICE DIVISIONAL HQ (D DIVISION) |
| Police Station Address | ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7740000 - FAX NO: 67741705 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

#straightroad Converging into a single lane & Converging into a single lane gbf6301l smb3047g WSV19001241
 Accident_Description merging into a single lane

Attachment(s)

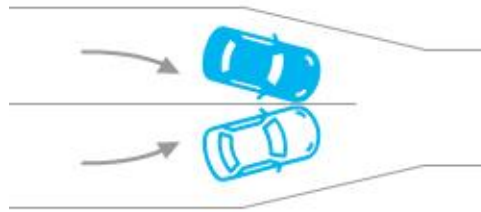
| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Make/Model/Colour
 Details Of Properties

| | |
|-------------------------------------|------------|
| Vehicle Category | NA/UNKNOWN |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan



Accident Photo



Accident Photo



Driving License



Driving License



Identification Card



Identification Card

