

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	17/10/2019 12:24
Date Of Accident	17/10/2019 10:50
Exact Location Of Accident	BLK 1010 BUKIT MERAH LANE 3 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3710U
Insured/Policyholder	
Name Of Registered Owner	M/S 1 CHUAN PTE LTD
Co Reg No	200610983D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92375793
Alternative Phone No	OFFICE-92375793

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 D
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3019511900
Cover Note Number	

Driver

Name of Driver	DURASAMY PRABHAKARAN
Passport No/FIN	G3269256M
Date Of Birth	30/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	+65-81577191
Fax Number	
Contact Number	OFFICE-81577191
E-Mail Address	NOEMAIL

Address	1 YISHUN STREET 23 #06-06 YS-ONE
Postcode	768441
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	COLLISION - MAJOR/MINOR RD
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?	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

ON STATED DATE AND TIME. I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B CAME OUT FROM CARPARK LOT AND MY VEHICLE HIT ONTO HIS VEHICLE FRONT PORTION.

Attachment(s)

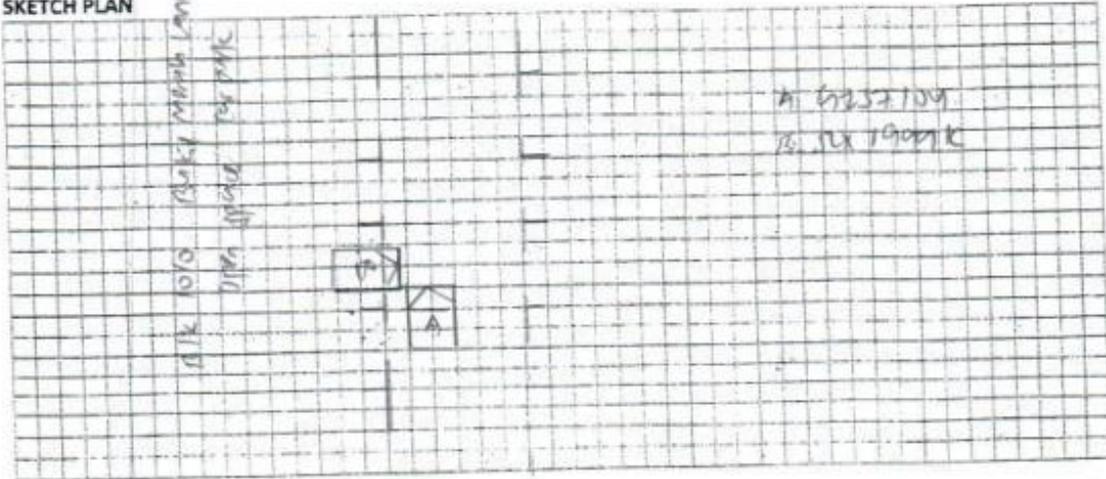
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX6999K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG KHAR HENG, MELVIN (LIANG JIAXING, MELVIN)
NRIC/Passport Number	S8408312G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

X

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

D. E. K.

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

[Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S6650020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119137698 Vehicle Registration No: GZ3710U
Name(as shown in NRIC) : M/S 1 CHUAN PTE LTD NRIC/FIN/Passport No : 200610983D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore()
Contact (Tel) : Mobile No. : 92375793
Email Address :
Date of Accident : 17/10/2019 Time of Accident : 10:50
Place of Accident : BLK 1010 BUKIT MERAH LANE 3 OPEN SPACE CARPARK
Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend third party vehicle registration number
[Multiple blank lines for amendments]

Policyholder / Driver's Signature
Date:

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