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 <u>truthful and accurate</u> 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	11/11/2019 13:16	
Date Of Accident	10/11/2019 18:30	
Exact Location Of Accident	AYE SLIP ROAD TOWARDS JURONG TOWN HALL ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKZ8233A	
Insured/Policyholder		
Name Of Registered Owner	AUTOMOBILE LEASING PTE LTD	
Co Reg No	200701438D	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-64672200	
Vehicle Particulars		
Manufacturer	SSANGYONG	
Model	TIVOLI-1.6 G (A)	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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	TOKIO MARINE INSURANCE SINGAPORE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number	19-MV001182-R03	
Cover Note Number		
Driver		
Name of Driver	GHULAM MUSTAFFA MAHMOOD	

Name of Driver GHULAM MUSTAFFA MAHMOOD

NRIC No S2019230E

Date Of Birth 01/05/1949

Occupation INDOOR

Date Of Driving Pass 29/07/1976

Driving Experience 43 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83999719

Fax Number
Contact Number

EMail Address GMM19491949@GMAIL.COM

Address BLK 404 FAJAR ROAD #11-277

Postcode 670404

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 CHAIN COLLISION

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

3

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 0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

NO

NO

Circumstances of Accident

On 10th Nov 2019 at about 1830hours while waiting for the traffic light along AYE to proceed to Jurong Town Hall Road. a motor taxi SHA2411J came from the rear nad bang at my car rear. My car inch a little forward and grace the rear of motorcar SMG6299A which was also stationary as my car waiting for the traffic light to turn green. No one was injuried. My car rear damaged and front bumper. SMG6229A had a scratch at the rear bumper and rear number plate. I lodged a Compliance Report with the Police.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA2411J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver LEE CHEE CHIN

NRIC/Passport Number S0124728Z Contact Number 98264008

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMG6299A Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PITER CHUTATAPE

NRIC/Passport Number

Contact Number 96493988

Address Postcode

Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan	n
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DESCRIBE CIRCUMSTANCES OF THE ASSESSMENT	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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ECLARATION	
We declare the foregoing particulars are true in every respect.	
Driver's Signature to 8 Time: ng/d L Driver's Signature (If driver is not the policyholder) Date 8 Time: 11/1 Vr	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





















