#### 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 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.	
	ACCIDENT STATEMENT
Date Of Report	10/02/2020 17:04
Date Of Accident	07/02/2020 07:25
Exact Location Of Accident	UPPER BUKIT TIMAH (CHIJ PRIMARY SCHOOL)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB6442Y
Insured/Policyholder	
Name Of Registered Owner	BKK TRANSIT
Co Reg No	5XXXX841B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-91198914
Vehicle Particulars	
Manufacturer	YUTONG
Model	ZK6898HE-6.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1745531903
Cover Note Number	
Driver	
Name of Driver	WYDHYADHARAN RAMASON

SXXXX544E NRIC No Date Of Birth 17/11/1963 Occupation **OUTDOOR Date Of Driving Pass** 14/02/1986

**Driving Experience** 33 YEARS AND 11 MONTHS

Gender MALE

Mobile Number +65-90230917

Fax Number

OTHERS-91198914 Contact Number

**EMail Address NOEMAIL**  Address BLK 108A RIVERVALE CRESCENT

#05-333

Postcode 541180

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 SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

ambulance?

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

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)

2

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH AND ATTACHMENT

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 SKD2278B

Vehicle Make/Model/Colour VOLKSWAGEN

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name GREAT EASTERN GENERAL INSURANCE LIMITED

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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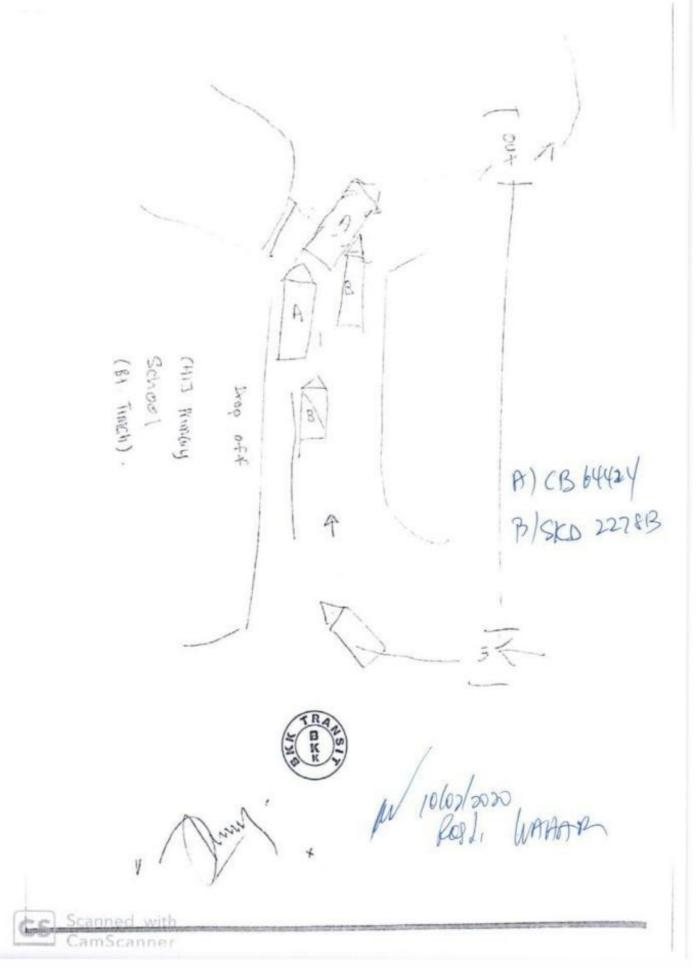
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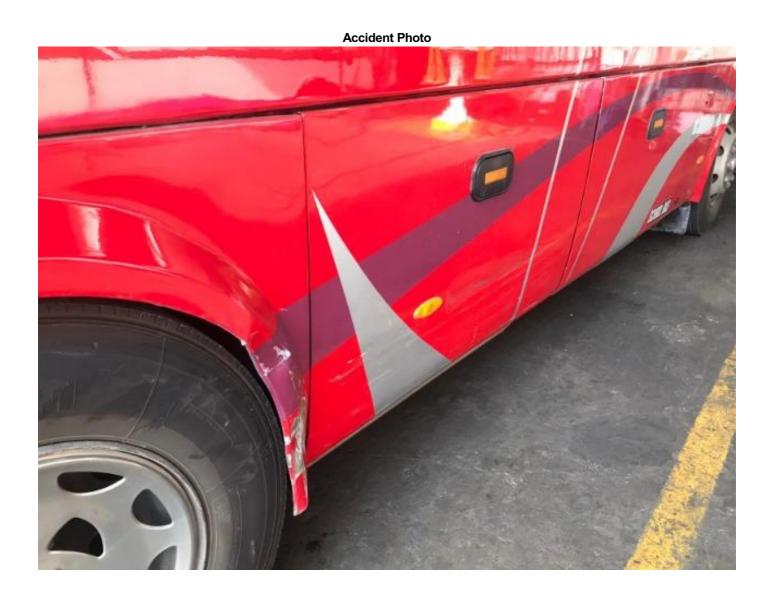
### **Accident Sketch Plan**

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		B- Sta 2278B.
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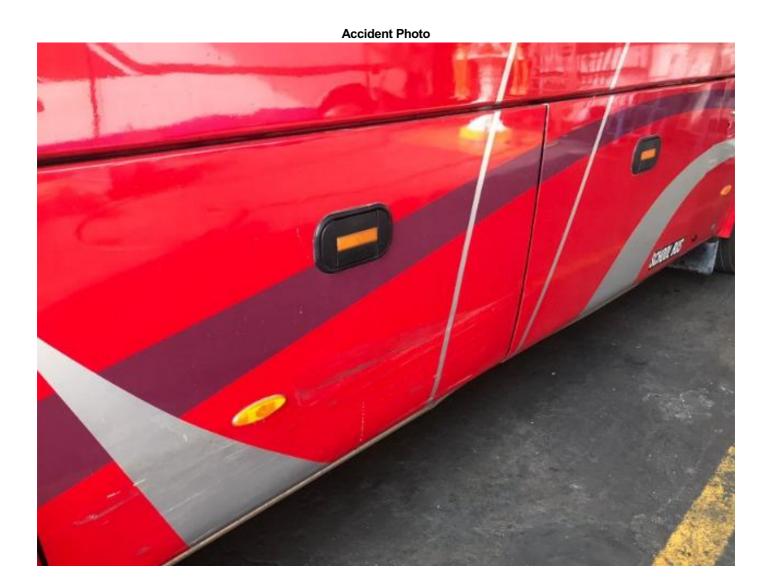
### **Accident Sketch Plan**

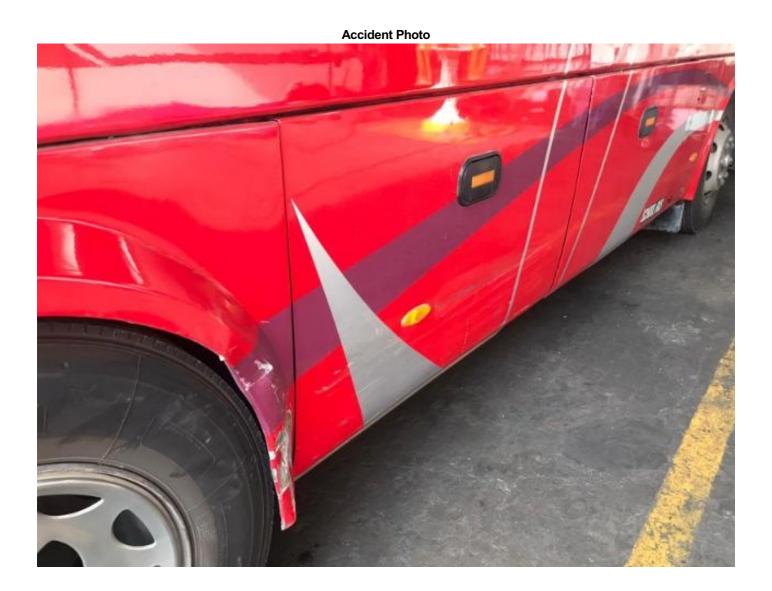




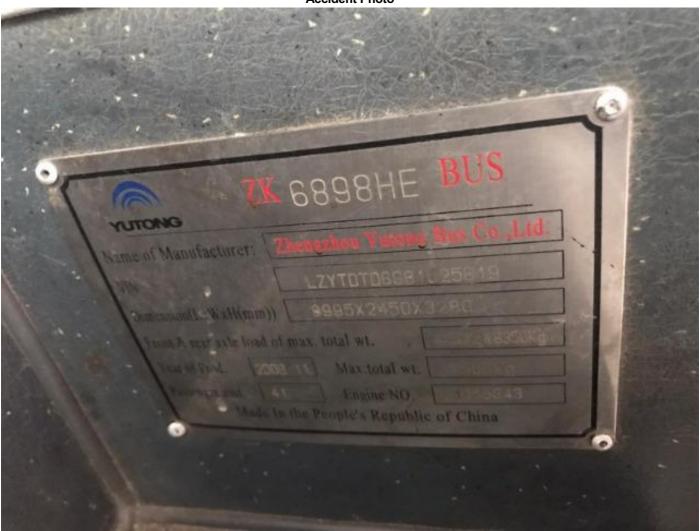




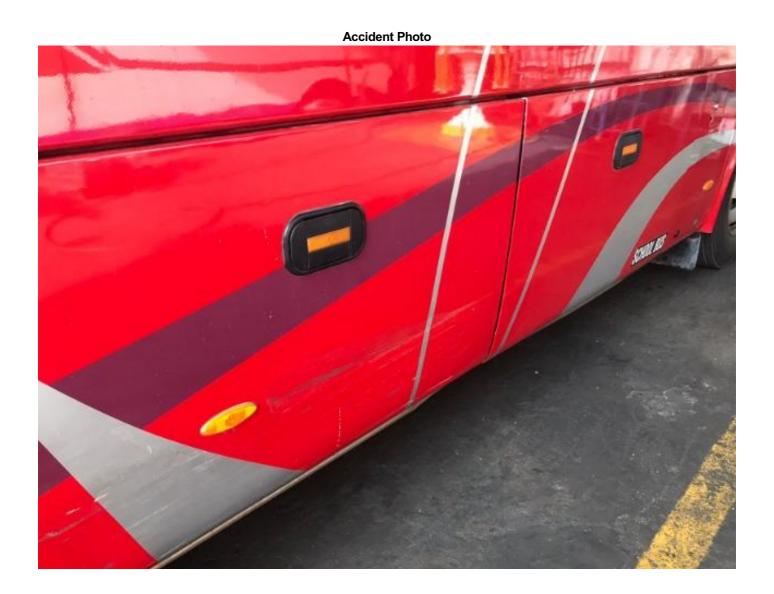
















### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

G Rafflas Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 9665500204 / GST Reg. No.: M400017735

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

### ADDENDUM

			ADDLIVOON			
(A)	PARTICULARS OF P	ERSON MAKING THE AN	20		CRECEDY	1
	Original Report No	- MAYDED 1849	10. 11	icle Registration No	Crivelly	17
	Name(as shown in NRIC	"XXX DAYALDHAKAD	U CONSSVINE	C/FIN/Passport No	= 3/199511	<u></u>
	(*Verlicle Driver / V	/ehicle Owner) (*) Please	e delete as approp	riate		
	Address	1		9119	Singapore(	)
	Contact (Tel)	;	Mo	bile No.:	8/17.	_
	Email Address	1-11			7-21	
	Date of Accident	: W/02/2000	Tin	ne of Accident:	70001	_
	Place of Accident	MADRE BINDS.	MADY CHI	LARGINITIES ?	UNUOC)	_
	Insurance Compar	ny: CHAIR A	MINES	- 1		_
(B)	ADDITIONAL INFO	ORMATION / AMENDM	ENTS:		*	
(0)	Lhave made a ren	ort on the above mentio	ned accident and	would like to includ	additional information	onor
	make the following	ig amendments:	a cara	6		
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	Policyholder / D	river's Signature	-	Reporting Centre	Personnel's Signature	
	Date:	G.		Name: NRIC/FINNO.	de (Willet)	
				Date:		