

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	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

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
NRIC No	SXXXX544E
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	
Contact Number	OTHERS-91198914
EEmail 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

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?	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?	NO
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)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This sketch plan is **PROPERTY** of the insurer and the insured for period of 12 months from date.
2. This sketch plan must be **completed by the Policyholder and/or the Authorized Driver**.
3. It is a condition of the insurance policy that the insured and the authorized driver must **truthfully and accurately** fill in the sketch plan and provide all the necessary information and documents to **enable the insurer to investigate the claim**.
4. The insurer's acceptance of the sketch plan does not constitute an admission of policy liability or the basis of the insurer's payment.
5. **Any false reporting may be referred to the Police for investigation.**
6. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
7. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
8. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
9. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
10. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
11. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
12. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
13. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
14. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
15. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
16. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
17. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
18. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
19. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.
20. The insured must be **informed by the insurer** of the sketch plan's purpose and the information that will be used by the insurer to investigate the claim and to determine the insurer's liability and the amount of the claim.


Policyholder's Signature
Date & Time


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


10/02/2020
Name
Agent/Officer



Accident Sketch Plan

SKETCH PLAN

A - CB 6442Y

B - SED 2278B

please refer to the
sketch plan attach.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 7/12/2020 around 07:35, I was driving my BUS CB 6442Y along
upper Bukit Timah Rd. I alight the students at CHIJ Primary
School. I checked my rear mirror. Traffic was clear. so I moved
off and suddenly veh B SED 2278B over take my veh and hit
on my rear right portion.

DECLARATION

I hereby declare the foregoing statements are true and correct.

Driver's Signature
(date & time)

Driver's Signature
(if driver is not the policyholder)
(date & time)

Witnessing Officer's Signature
(date & time)





A) CB 64424
B) SKD 2278B

10/02/2020

Page 1

WARR

Accident Photo



Accident Photo



Accident Photo



Accident Photo



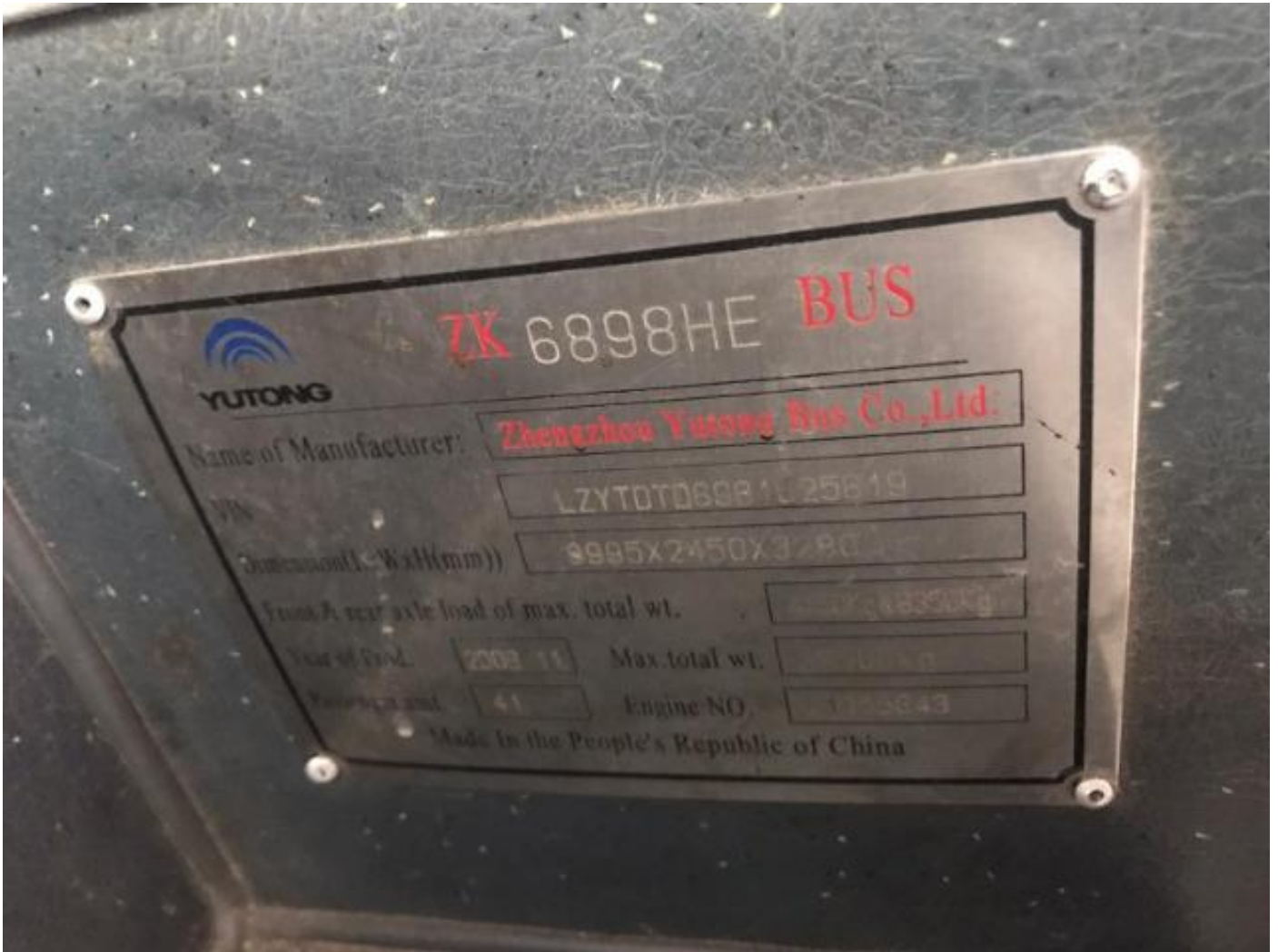
Accident Photo



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: S66550020 / 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 : XMA420018459 Vehicle Registration No: CB6642Y
Name (as shown in NRIC) : WYDHYADHARAN Ramaswami NRIC/FIN/Passport No : SXXXX54YE
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91198914
Email Address : _____
Date of Accident : 07/05/2020 Time of Accident : 07:25
Place of Accident : WHEEL BURNING TOWARD CHIJ Primary School
Insurance Company : CHIAAT AIRPINES

(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:

TP INSURED COMPANY 2 GREAT EASTERN

Policyholder / Driver's Signature
Date:

Car 10/07/2020
Reporting Centre Personnel's Signature
Name: Roshan Kumar
NRIC/FIN No.:
Date: