

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	10/06/2020 15:10
Date Of Accident	10/06/2020 09:30
Exact Location Of Accident	JUNCTION AT ANG MO KIO AVE 3 TURN TO AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA6589A
Insured/Policyholder	
Name Of Registered Owner	GRENADIER PRESS PTE LTD
Co Reg No	1XXXXX460E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92380904
Alternative Phone No	OFFICE-62963211

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073798825-04
Cover Note Number	

Driver

Name of Driver	SINGARAVEL RAMESH
Passport No/FIN	GXXXX887P
Date Of Birth	08/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85230254
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 49 CIRCUIT ROAD #09-743
 Postcode 370049
 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 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
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : HAI LOONG
 GENDER: : MALE

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

I WAS INVOLVED A CAR ACCIDENT ON 10TH JUNE 2020. I WAS DRIVING MY COMPANY VAN, TOYOTA HIACE MANUAL (PLATE NO. GBA6589A) WHEN A LORRY TOYOTA DYNA (PLATE NO. GBA386H) CAME IN A RUSH AND HIT ME FROM BEHIND AND IT CAUSED A CHAIN OF COLLISION WHEN MY VAN WAS LOST CONTROL AND CRASH THE CAR IN FRONT, TOYOTA AXIO (PLATE NO. SJC1723G). THE ACCIDENT WAS HAPPENED IN THE MORNING AROUND 9:30AM NEAR ANG MO KIO HUB WHEN TURN INTO LOADING BAY, AT THE ROAD JUNCTION ANG MO KIO AVE 3 TURN TO ANG MO KIO AVE 8.

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 GBA386H
 Vehicle Make/Model/Colour TOYOTA/DYNA
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver LAI HON PENG
 NRIC/Passport Number SXXXX362G
 Contact Number 90284788
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJC1723G

Vehicle Make/Model/Colour

TOYOTA/AXIO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM JOO CHIN

NRIC/Passport Number

SXXX832E

Contact Number

96422669

Address

Postcode

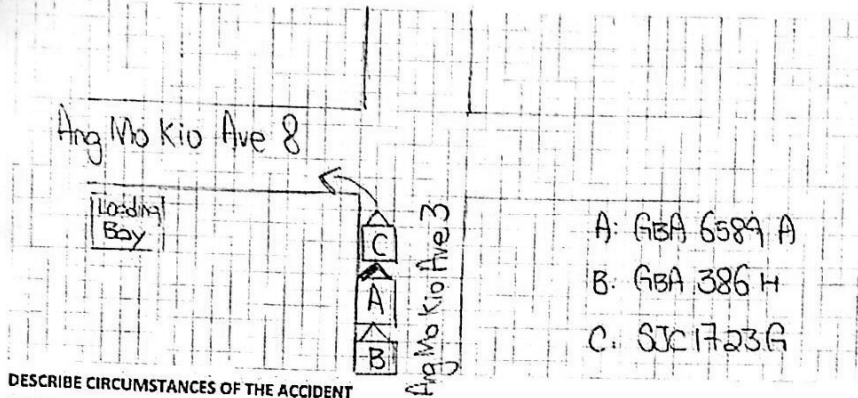
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was involved a car accident on 10th June 2020. I was driving my company van, Toyota Hiace Manual (Plate No. GBA 6589 A) when a Lorry Toyota Dyna (Plate No. GBA 386 H) came in a rush and hit me from behind and it caused a chain of collision when my van was lost control and crash the car in front, Toyota Axio (Plate No. SJC 1723 G). The accident was happened in the morning around 9:30am near Ang Mo Kio Hub when turn into loading bay, at the road junction Ang Mo Kio Ave 3 turn to Ang Mo Kio Ave 8.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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