MCGM20050742 / Chew Goon Motor - AMK ENTRY DATE & TIME: 10/06/2020 15:10 SUBMITTED BY: Yong Xue Lee

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.

Cover Note Number 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		ACCIDENT STATEMENT	
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number GBA6589A Insured/Policyholder Name Of Registered Owner Co Reg No Insured/Policyholder Nobile Phone No (LOCAL) +65-92380904 OFFICE-62963211 Vehicle Particulars Mobile Phone No OFFICE-62963211 Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident If No, Please state action to be taken THIRD PARTY Vehicle Category Commercial Vehicle Insurance Company Name of Insurance Company Name of Insurance Company Name of Driver Name of Oriver Passport No/FIN SinGARAVEL RAMESH Passport No/FIN OCCUpation OUTDOOR Date of Dirting Pass Dirting Experience SinGARAVEL RAMESH ANLE COCAL) +65-85230254 MALE COCAL) +65-85230254 Context Number Contact Number Contact Number	Date Of Report	10/06/2020 15:10	
Country/State of Loss DETAILS OF OWN VEHICLE	Date Of Accident	10/06/2020 09:30	
Vehicle Registration Number GBA6589A Insured/Policyholder Name Of Registered Owner GRENADIER PRESS PTE LTD Co Reg No 1XXXXX460E Email Address NOEMAIL (LOCAL) +65-92380904 Alternative 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 Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company 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 Contact Number Contact Number	Exact Location Of Accident	JUNCTION AT ANG MO KIO AVE 3 TURN TO AVE 8	
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Alternative Phone No OFFICE-62963211 Vehicle Particulars	Email Address	NOEMAIL	
Vehicle Particulars	Mobile Phone No	(LOCAL) +65-92380904	
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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	Name of Driver	SINGARAVEL RAMESH	
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	Passport No/FIN	GXXXX887P	
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Driving Experience 2 YEARS AND 6 MONTHS Gender MALE Mobile Number (LOCAL) +65-85230254 Fax Number Contact Number	Occupation	OUTDOOR	
Gender MALE Mobile Number (LOCAL) +65-85230254 Fax Number Contact Number	Date Of Driving Pass	21/11/2017	
Mobile Number (LOCAL) +65-85230254 Fax Number Contact Number	Driving Experience	2 YEARS AND 6 MONTHS	
Fax Number Contact Number	Gender	MALE	
Contact Number	Mobile Number	(LOCAL) +65-85230254	
	Fax Number		
EMail Address NOEMAIL	Contact Number		
	EMail Address	NOEMAIL	

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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

CHAIN COLLISION

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

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

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

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

Page 2 of 11

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

OIXAVATOYOT

SJC1723G

PRIVATE CAR

LIM JOO CHIN

SXXXX832E

96422669

SKETCH PLAN		
	THE HELLINE	14.4-14-17 117.17-17-17
		
12.10		
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Bay		3 A: GBA 6589 A
		B. GBA 386 H
		7-1-1111-1-11
	H B	2 T C SJC 17 23 G
ESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT <1	
I was involve	ed a cor occident	on 10th June 2000. I was
drivos		
driving my	company van To	eyota Hiaox Monual (Plote No.
GBA 6589 A)	when a Lorry ?	oyota Dyna (Plate No. GBA386H)
	Ŭ.	
laine in a rut	sh and hit me din	on behind and it coused a
chain of co	um cedu agizıll	
2011/02/03	llision who my	van was lost control and
rash the Co	or in dront. Toyo	ta Axio (Plate No. SJC17236)
		TAID (HOTH NO SUCTION)
he accident	was happened in	the morning around 9:30am
ear Ana Mo	- N	
Jing His	THO HUB WHEN T	urs into loading bay, at
re road jur	oction Ang Mo Ki	o Ave 3 turn to Ano Mo
.0	J	o the 3 turn to Ang Mo
io Ave 8.		0
ARATION		
declare the foregoing partic	ulars are true in every respect.	\sim
(a) John	300/	Madi
Older's Sanatura	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
	Date & Time:	Name: