

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 02/11/2020 13:46
Date Of Accident 30/10/2020 16:25
Exact Location Of Accident UBI ROAD 3
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ7174J

Insured/Policyholder

Name Of Registered Owner FEDERAL EXPRESS (SINGAPORE) PTE LTD
Co Reg No 1XXXXX740W
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-69222929

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model SPRINTER 316CDI/3665 AUTO ABS
Exact Purpose for which vehicle was being used at time of accident DELIVERY AND PICK-UP
Are you claiming under your own insurance policy for repair to your vehicle? YES
If No, Please state action to be taken
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number 100878963
Cover Note Number

Driver

Name of Driver ASRIZAM BIN AS ARI
Passport No/FIN GXXXXX819M
Date Of Birth 01/04/1984
Occupation OUTDOOR
Date Of Driving Pass 06/06/2017
Driving Experience 3 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97742784
Fax Number
Contact Number
Email Address NOEMAIL

Address 90 ALPS AVE
 Postcode 498746
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 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?
 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) 1

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

ON OCT 30 @16:25HRS I WAS AT THE TRAFFIC LIGHT JUNCTION OF UBI ROAD 3. I STOPPED BEHIND A LORRY WITH VEHICLE PLATE GBJ6757J. WHEN THE LEFT TURN TRAFFIC LIGHT TURNED GREEN, THE LORRY IN FRONT OF ME JAMMED BRAKED AND ROLLED BACKWARD A BIT. I JAMMED BRAKE TO AVOID HITTING THE LORRY, BUT IT WAS TOO LATE, STILL HIT THE LORRY BEHIND LEFT. MY VAN FRONT LEFT DENTED.

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

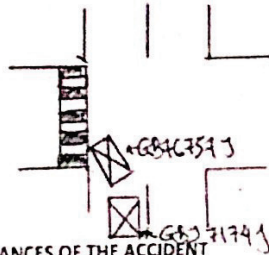
Vehicle Registration Number GBJ6757J
 Vehicle Make/Model/Colour TOYOTA DYNA/SILVER
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver SONNY TAN @WOO SIN
 NRIC/Passport Number SXXXX100B
 Contact Number 97561944
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN

Vehicle A = GBJ 7174 J

Vehicle B = GBJ 6757 J



Ubi Road 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Oct 30 @ 16:25hrs I was at the traffic light junction of Ubi Road 3. I stopped behind a lorry with vehicle plate GBJ 6757 J. When the left turn traffic light turned green, the lorry in front of me jammed brakes and rolled backward a bit. I jammed brakes to avoid hitting the lorry, but it was too late, still hit the lorry behind left. My van front left dented.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

97740784

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

[Signature]