

## 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	07/11/2020 11:56
Date Of Accident	04/11/2020 11:15
Exact Location Of Accident	ORCHARD TURN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7514D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOTAL MAID AGENCY
Co Reg No	5XXXX905D
Email Address	VINCENT@TOTALMAID.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-81416276

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	GOODS TRANSPORTATION
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V02459/VCV/R00
Cover Note Number	

### Driver

Name of Driver	ALAN YEO YAW YIT
NRIC No	SXXXX916B
Date Of Birth	16/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81416276
Fax Number	
Contact Number	
Email Address	ALANYEO8941@GMAIL.COM

Address	BLK 221 YISHUN ST 21 #12-431
Postcode	760221
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	LIGHT RAIN
Road Surface	WET

#### 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)	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

REFER TO SKETCH PLAN

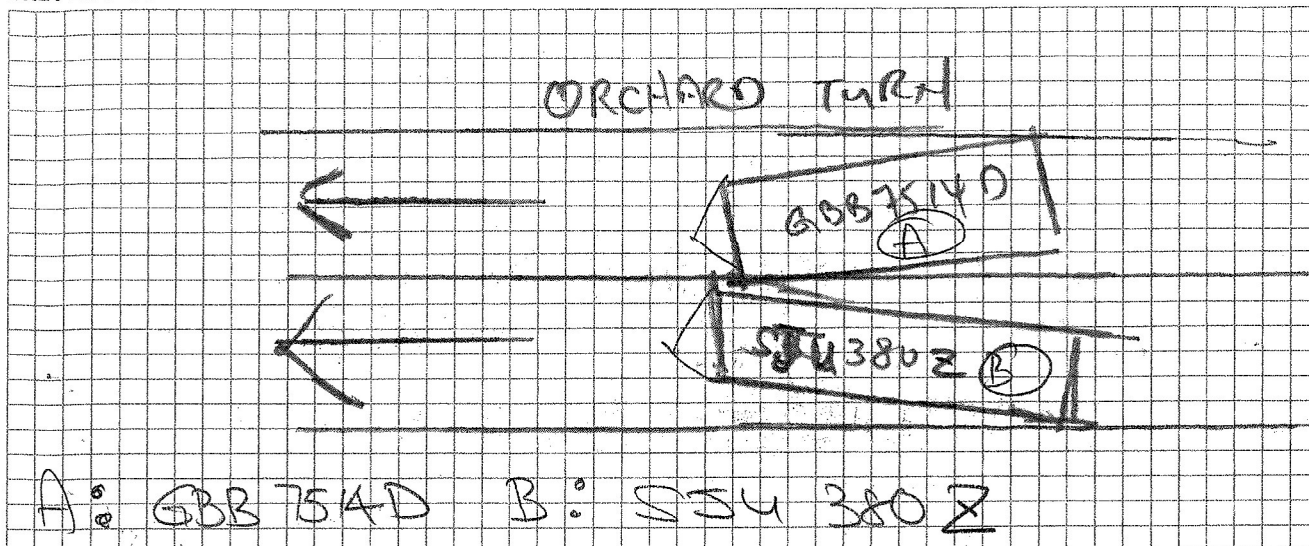
#### Attachment(s)

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	SJU380Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	SXXXX837B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT AROUND 11:15 AM ON 1.11.2020 AS I WAS DRIVING ON ORCHARD TURN ON THE RIGHT LANE THERE WAS A STATIONARY VEHICLE IN FRONT OF ME SO I SIGNAL LEFT INTENDING TO GO LEFT. I SAW AN ONCOMING CAR WHICH WAS SU4 380Z COMING SLOW, SO I ~~DR~~ TURN OUT BUT AS I WAS TURNING OUT THE MENTION CAR ACCELERATED AND BANG INTO MY RIGHT FRONT. IT WAS DRIZZLING AND FLOOR WAS WET THAT DAY.

## DECLARATION

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

**TOTAL MAID AGENCY**  
 License Reg No 11C4687  
 Blk 120 Potong Pasir Avenue 1 #01-824  
 Singapore 350120  
 Police Office Singapore  
 Tel: 68444608

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

**COMFORTDELGRO ENGINEERING PTE LTD**  
 320 UBI ROAD 3  
 SINGAPORE 408649

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