

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 Submission 11/11/2020 00:08 (SGT)
Date of Accident 10/11/2020 14:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information 1049 EUNOS AVE 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF777E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HITACHI CAPITAL ASIA PACIFIC PTE LTD
Company Reg No 1XXXXX399N
Email Address amirul.fikri@tridenteautomobili.com.sg
Mobile Phone No (Phone) +65-67341222
Alternative Phone No (Office) +65-67341222

VEHICLE PARTICULARS

Manufacturer Maserati
Model LEVANTE GRANSPORT
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V00936
Cover Note Number NA

DRIVER

Name of Driver SOH WEE LIANG
NRIC No SXXXX173H

Date Of Birth	27/09/1989
Occupation	Indoor
Date Of Driving Pass	18/01/2008
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91015822
Alt. Phone Number	-
Email Address	amirul.fikri@tridentautomobili.com.sg
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

My vehicle was parked stationary. Vehicle B reverse and collided with my vehicle. My front portion was badly damaged. No injury involved.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2963Y
Vehicle Manufacturer	Isuzu
Vehicle Model	FVR34UUQDC
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

A-SKF777e

B-XE2963y

Reverse

1049 euros are 6 Contact.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT (2000 characters)

My vehicle was parked stationary. Vehicle B reverse and collided with my vehicle. My front portion was badly damaged. No injury involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMED SHARIL BIN SATAR

MARS Officer



Registered Owner or Driver's Signature

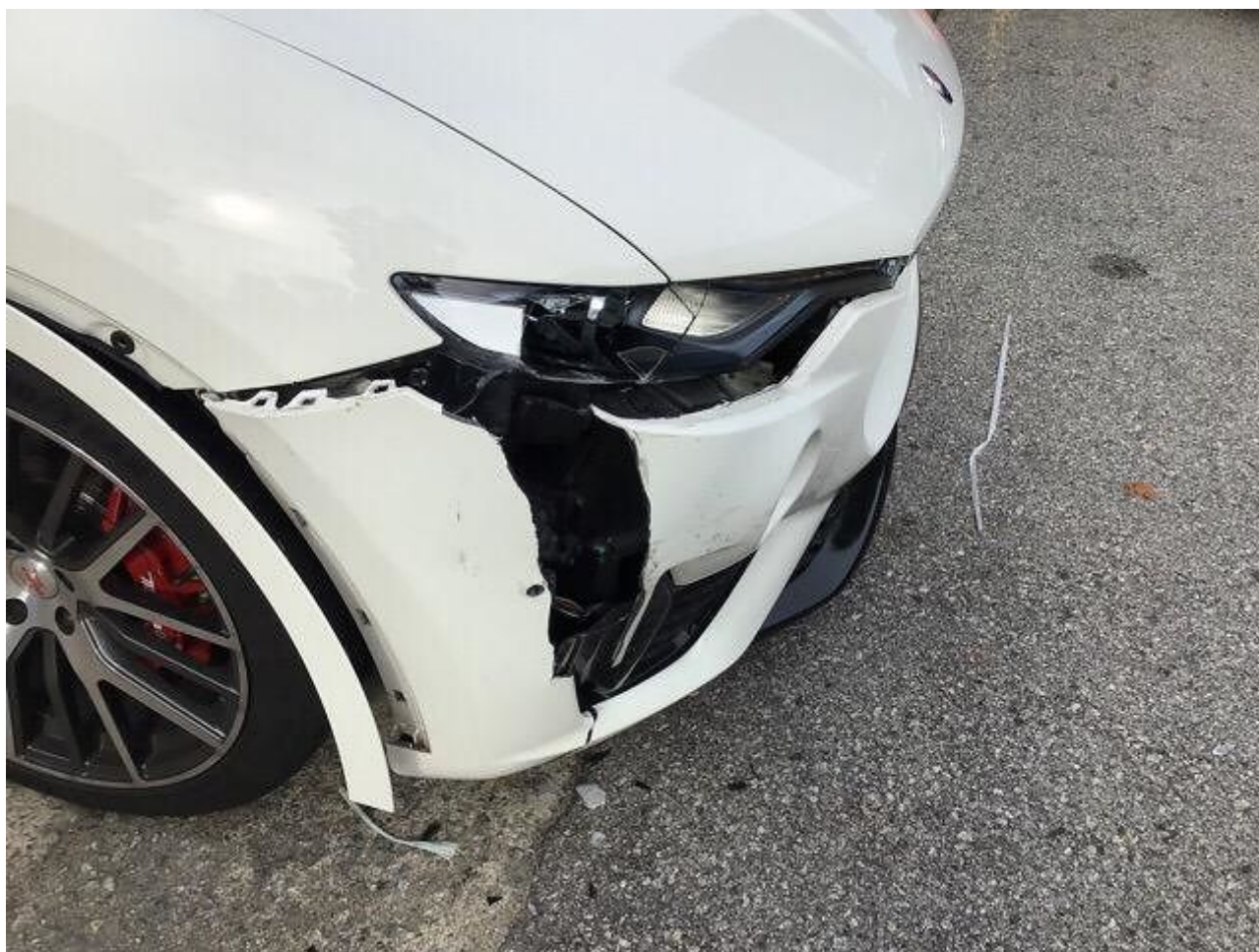
Job Complete Date/Time

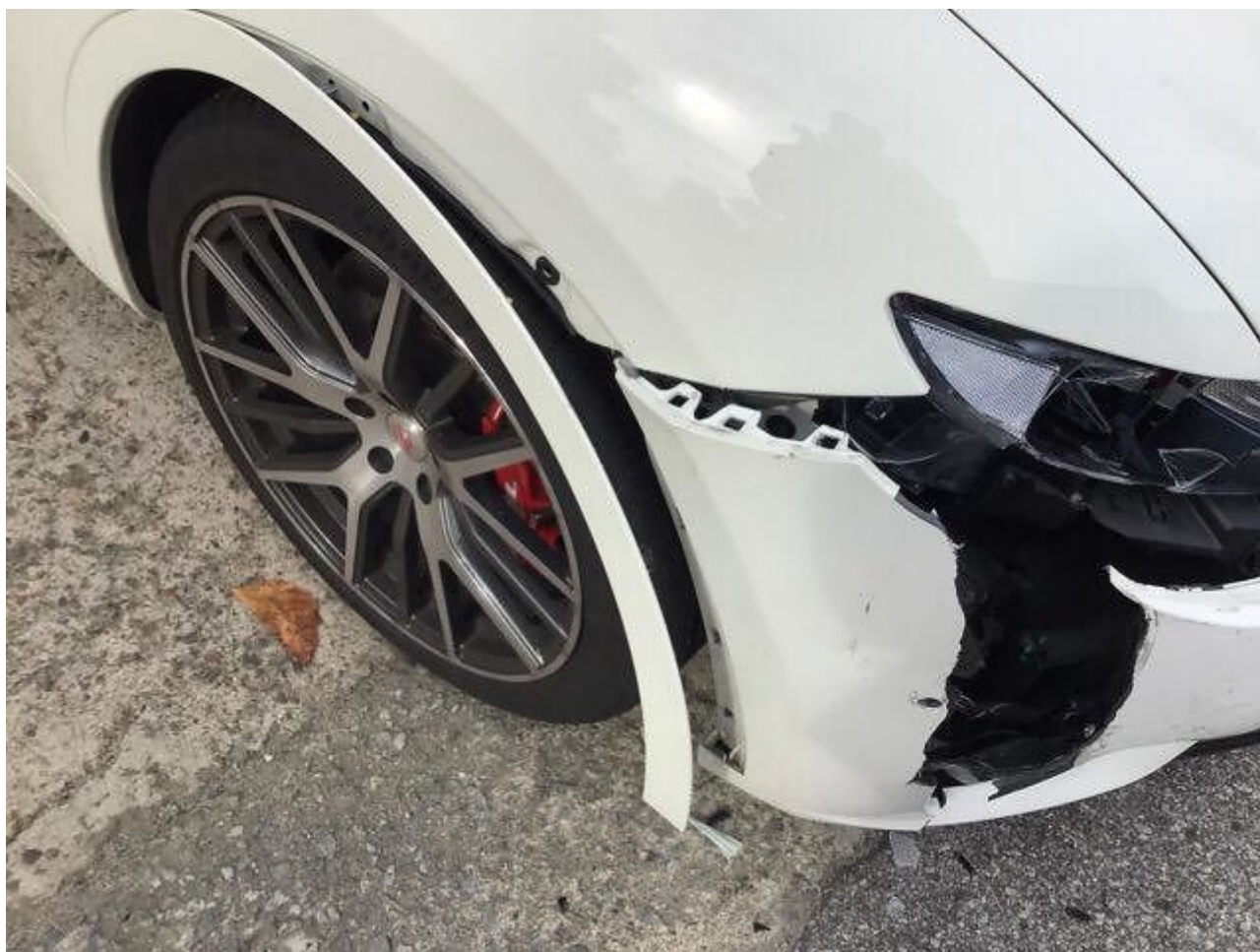
10 November 2020 at 5:05 PM

Date/Time:

10 November 2020 at 5:05 PM





















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: S685506295 / GST Reg. No.: M4489317735

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 : MBHH20099610-01 Vehicle Registration No : SKF777E
 Name (as shown in NRIC) : SOH WEE LIANG NRIC/FIN/Passport No : S8971173H
 (*Vehicle Driver / ~~XXXXXXXXXX~~) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 91015822
 Email Address : _____
 Date of Accident : 10/11/2020 Time of Accident : 14:30 (SGT)
 Place of Accident : 1049 EUNOS AVE 6
 Insurance Company : LIBERTY INSURANCE PTE LTD

(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:

AMEND Name Of Registered Owner: HITACHI CAPITAL ASIA PACIFIC PTE LTD

AMEND COMPANY REGN: 199400399N

AMEND DRIVER NAME: SOH WEE LIANG

Policyholder / Driver's Signature
 Date:

SUSAN

Reporting Centre Personnel's Signature
 Name: F S NEO
 NRIC/FIN No.:
 Date: 20/04/2021

GIAMAC addendumform_Y3