

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 01/12/2020 16:34 (SGT)
Date of Accident 27/11/2020 15:20 (SGT)
Exact Location of Accident Sembawang Road, Singapore
Additional Location Information towards yishun
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC7199J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner A2C TRANSPORT SERVICES
Company Reg No 5XXXX566J
Email Address A2CANIK@GMAIL.COM
Mobile Phone No (Phone) +65-97215215
Alternative Phone No (Office) +65-97215215

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5111555951-01-000008
Cover Note Number -

DRIVER

Name of Driver ABBAS ZAHEER
Passport No/FIN GXXXX108X
Date Of Birth 01/01/1981
Occupation Outdoor

Date Of Driving Pass	03/04/2018
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87767424
Alt. Phone Number	-
Email Address	ZAHEERHASHMI0101@YAHOO.COM
Address	175 LORONG 2 TOA PAYOH
Address complement	#04-555
Postcode	310175
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

Refer to sketch plan attached

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	SLF4118U
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) 2

PASSENGER 1

Name PASSENGER
Gender Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ABBAS ZAHEER
Address 175 LORONG 2 TOA PAYOH
Address Complement #04-555
Post Code 310175
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? PC7199J
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

[illegible]































































