

# 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 ..... 04/12/2020 14:36 (SGT)  
Date of Accident ..... 03/12/2020 14:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AYE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD8406E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Woodlands Transport Service Pte Ltd  
Company Reg No ..... 1XXXXX721M  
Email Address ..... GOO@WOODLANDSTRANSPORT.COM.SG  
Mobile Phone No ..... (Phone) +65-98383481  
Alternative Phone No ..... (Office) +65-65598954

### VEHICLE PARTICULARS

Manufacturer ..... Iveco  
Model ..... IVECO TRAKKER 13L  
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 ..... Liberty Insurance  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... SD20V11555  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Mohd Rohizat Bin Buang  
NRIC No ..... SXXXX816E  
Date Of Birth ..... 29/06/1962  
Occupation ..... Outdoor

Date Of Driving Pass .....	15/01/2002
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97639223
Alt. Phone Number .....	-
Email Address .....	goo@woodlandstransport.com.sg
Address .....	Blk 576 Woodlands Drive 16 #06-512
Address complement .....	-
Postcode .....	730576
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 .....	Side Swipe
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) .....	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

On 03/12/2020, at about 14:30 hrs, I was traveling along AYE in lane 3. The weather was clear with dry road surfaces at that point of time. As I was traveling within my lane, I heard a loud sound and felt an impact from my front left side. Hence, I swerved my vehicle slightly to the right. After that, I stopped my truck. Upon checking, I discovered that a taxi SHB4098L had collided into my truck while he was filtering out from a slip road leading from Lower Delta road into AYE (Tuas). As a result, my truck sustained damages on the front left stepboard while SHB4098L sustained damages on the RH portion. No one was injured in the accident.

#### 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 .....	SHB4098L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

A diagram illustrating a vehicle accident on a road shoulder. A blue car labeled 'A' is positioned on the shoulder, and a blue truck labeled 'B' is partially on the shoulder and partially on the road. A yellow 'X' marks the point of contact between the two vehicles. The road is marked with dashed lines, and the shoulder is labeled 'ROAD SHOULDER'.

**B - SHB4098L**

# AYE

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## DECLARATION

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

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Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









