

# 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 ..... 19/12/2020 11:27 (SGT)  
Date of Accident ..... 18/12/2020 16:40 (SGT)  
Exact Location of Accident ..... BKE, Singapore  
Additional Location Information ..... twds sle  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG2950J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TEN TRANSPORT SERVICES PTE LTD  
Company Reg No ..... 2XXXXX605W  
Email Address ..... keanguan@tentransport.com.sg  
Mobile Phone No ..... (Phone) +65-65427662  
Alternative Phone No ..... (Office) +65-65427662

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Canter  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z20VC05005538  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUNIYANDI NIRUBHAN CHAKRAVARTHY  
Passport No/FIN ..... GXXXX567M  
Date Of Birth ..... 02/04/1988  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/12/2012
Driving experience .....	8 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-93706596
Alt. Phone Number .....	-
Email Address .....	keanguan@tenttransport.com.sg
Address .....	50 CHIN SWEE ROAD
Address complement .....	#05-08 THONG CHAI BUILDING
Postcode .....	169874
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 .....	Chain Collision
Weather Conditions .....	drizzling
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

REFER TO STATEMENT.

#### 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 .....	GBJ7592K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-97834816
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SLV161K  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-87881161  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -



**Describe Circumstances of the Accident**

I was travelling along BKE twards SE. Out of sudden, front vehicle jammed  
brake - I couldn't brake my vehicle in time and hit onto vehicle B  
rear portion. There were 3 vehicles involved in this accident.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*M. N. Sharma Chauhan*

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

*[Signature]*

Witnessed by Reporting Centre Personnel



















