

## 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 .....	22/12/2020 11:45 (SGT)
Date of Accident .....	21/12/2020 17:28 (SGT)
Exact Location of Accident .....	Ang Mo Kio Ave 5, Singapore
Additional Location Information .....	TOWARDS CITY (NOVENA)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GR687R
INSURED/POLICYHOLDER	
Is company? .....	Yes
Name Of Registered Owner .....	NEW PLUMBING SERVICES PTE. LTD.
Company Reg No .....	2XXXX003D
Email Address .....	NPSPL7797@GMAIL.COM
Mobile Phone No .....	(Phone) +65-64547797
Alternative Phone No .....	(Office) +65-64547797

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv350
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 .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SD20V03029 /VCV /R00
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ANKUSAMY BALUSAMY
Passport No/FIN .....	GXXXX351P
Date Of Birth .....	15/03/1988
Occupation .....	Outdoor

Date Of Driving Pass ..... 21/08/2017  
 Driving experience ..... 3 YEARS AND 4 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90454760  
 Alt. Phone Number ..... -  
 Email Address ..... NPSPL7797@GMAIL.COM  
 Address ..... 7030 ANG MO KIO AVENUE 5 #05-07 NORTHSTAR @ AMK  
 Address complement ..... -  
 Postcode ..... 569880  
 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? ..... No  
 Was any injured conveyed to hospital by ambulance? ..... -  
 Was any other material or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... RASU MARIMUTHU  
 Gender ..... Male

#### 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 ATTACHED; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED 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 ..... YP1564C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... KOLANJI PRAKASH  
 Passport No/FIN ..... 0XXXX7277

SKETCH PLAN

Ang mo kio Ave - 5



① - GR 687R  
② - YP 1564C

Ang mo kio  
ind park - 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


21/12/2020 5:28 PM I go Ang mo kio Ave - 5  
to novena square my van ① GR 687R my front  
Taxi stop my van ① GR 687R all so slow down  
my van behind Lorr ② YP 1564C hit to my van  
GR 687R behind damage

DECLARATION

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



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

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