SN09211C000P / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 12/01/2021 17:49 (SGT)
SUBMITTED BY: Celine Fong Wai Li
VERSION: 1 (12/01/2021 17:49 (SGT))

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 witholding 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	12/01/2021 17:49 (SGT)
Date of Accident	11/01/2021 18:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	before lornie
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB258P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WATERFLUX PTE LTD
Company Reg No	2XXXXX232W
Email Address	waterflux@singnet.com.sg
Mobile Phone No	(Phone) +65-93867007
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Kia
Model	KIA 2900L 5 M/T
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	EQ
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMCPHQ20-001973
Cover Note Number	-

DRIVER

Name of Driver	KARUPAIAH RAMAR
Passport No/FIN	GXXXX134K
Date Of Birth	13/03/1987
Occupation	Outdoor

Date Of Driving Pass	22/11/2013
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90223782
Alt. Phone Number	-
Email Address	waterflux@singnet.com.sg
Address	50 SERANGOON NORTH AVENUE 4
Address complement	#05-02 FIRST CENTRE
Postcode	555856
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
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 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	SMN4797E
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KARUPAIAH RAMAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB258P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

I was travelling along PIE before Lornie rd. It was a slow moving traffic and suddenly, I felt an impact of my vehicle and realised that vehicle B hit onto my vehicle rear portion.

Declaration

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

X WATERFLUX PTE LTD 12/01/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

IMAGES


Waterflux
WATERFLUX PTE LTD
TEL: 6842 1148
FAX: 6842 1149
GB9256P

IMAGES #2


Waterflux
WATERFLUX PTE LTD
TEL: 6842 1148
FAX: 6842 1149
GBB 256 P

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8


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KIA MOTORS CORPORATION
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