

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	16/01/2021 14:20 (SGT)
Date of Accident	15/01/2021 06:45 (SGT)
Exact Location of Accident	Bukit Panjang Ring Rd, Singapore
Additional Location Information	TOWARDS PENDING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7288R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEAWAVES FROZEN FOOF PTE LTD
Company Reg No	1XXXXX085D
Email Address	hr@seawaves.com.sg
Mobile Phone No	(Phone) +65-91161291
Alternative Phone No	(Office) +65-62658883

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	SD20V03836/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	WOON YAN KIM
NRIC No	SXXXX414D
Date Of Birth	01/08/1964
Occupation	Outdoor

Date Of Driving Pass	31/12/1992
Driving experience	28 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91161291
Alt. Phone Number	-
Email Address	hr@seawaves.com.sg
Address	BLK 245 BUKIT PNJANG RING ROAD #02-205
Address complement	-
Postcode	670245
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)	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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

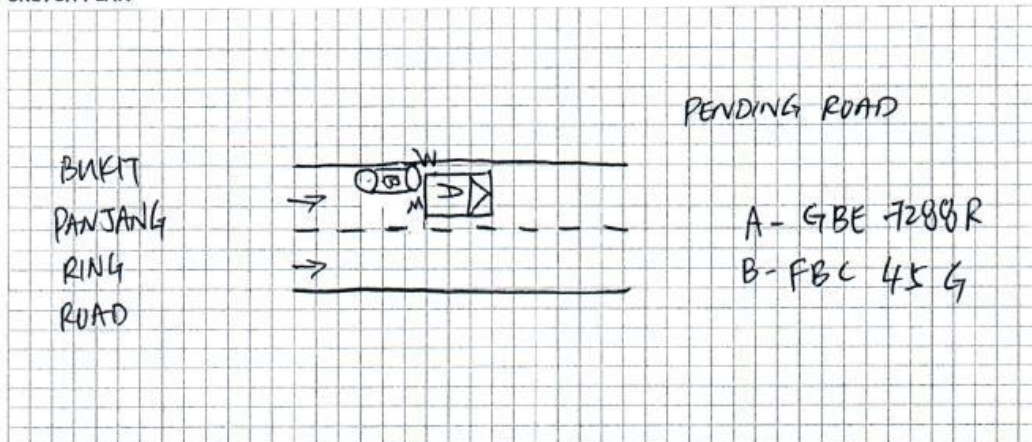
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC45G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TETTY JULIANA BINTE SUJONO
NRIC No	SXXXX928B
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BUKIT PANJANG RING ROAD ON THE LEFT LANE OF A 2 LANE ROAD. I DRIVING STRAIGHT HEADING TOWARD PENDING ROAD, OUT OF A SUDDEN, I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I ALIGHTED AND REALISE THAT VEHICLE (B) HIT ONTO THE REAR PORTION OF MY VEHICLE. A - GBE 7288 R
B - FBC 45 G



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206 PANDAN LOOP SINGAPORE 120397
TEL : (65) 6265 3883 (6 LINES)
FAX : (65) 6268 1368
E-MAIL : seawaves@singnet.com.sg
WEB SITE : http://www.seawaves.com.sg

DECLARATION

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


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.:

