

# 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 .....	GBE7288R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SEAWAVES FROZEN FOOD 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)

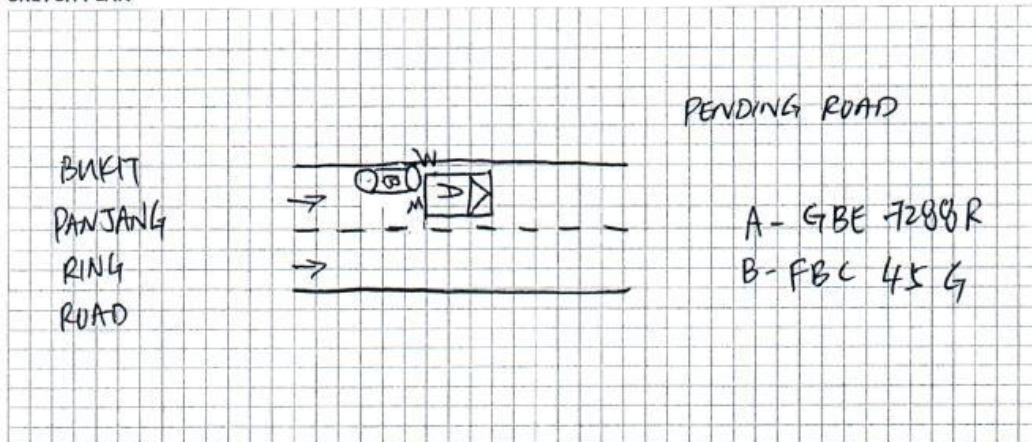
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### 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

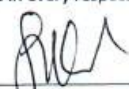


海威冷藏食品私人有限公司  
SEAWAVES FROZEN FOOD PTE. LTD.  
206 PANDAN LOOP SINGAPORE 120397  
TEL : (65) 6265 3883 (6 LINES)  
FAX : (65) 6265 1368  
E-MAIL : seawaves@singnet.com.sg  
WEB SITE : http://www.seawaves.com.sg

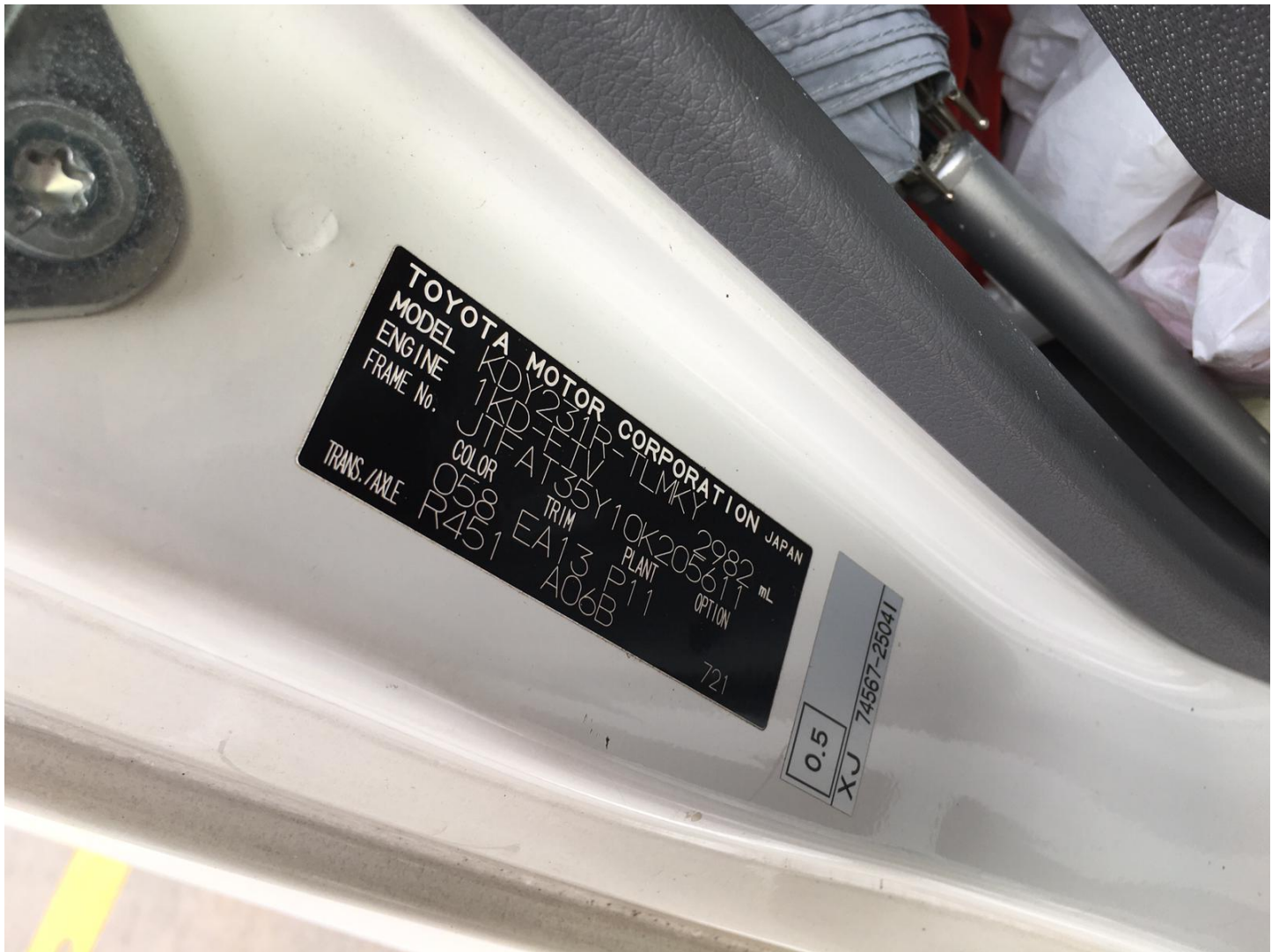
DECLARATION

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.:






























 <b>GENERAL INSURANCE</b> <small>ASSOCIATION</small> <small>RECORDS MANAGEMENT CENTRE</small>	
<p><b>IMPORTANT NOTE:</b> Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.</p> <hr/>	
<h3>ADDENDUM</h3>	
<p>(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:</p>	
Original Report No: SN09211G0005	Vehicle Registration No: GBE7288R
SEAWAVES FROZEN FOOD PTE LTD	
Name (as shown in NRIC):	NRIC/FIN/Passport No: _____
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate	
Address: _____ Singapore ( )	
Contact (Tel): _____	Mobile No.: _____
Email Address: _____	
Date of Accident: 15/01/2021	Time of Accident: 06:45
Place of Accident: TOWARDS PENDING ROAD	
Insurance Company: Liberty Insurance	
(B) ADDITIONAL INFORMATION /AMENDMENTS:	
I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Typo Error: _____  1) Amend Vehicle Number : GBE7288R 2) Amend Name Of Registered Owner : SEAWAVES FROZEN FOOD PTE LTD _____ _____ _____ _____ _____ _____ _____ _____	
Policyholder / Driver's Signature Date: _____	<div style="text-align: right; margin-right: 50px;"><i>ch</i></div> Reporting Centre Personnel's Signature Name: <i>Chen HsinTong</i> NRIC/FIN No.: _____ Date: <i>27/1/2021</i>