

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 01/02/2021 09:55 (SGT)
Date of Accident 30/01/2021 10:37 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information TOWARDS SLE NEAR LAMP POST 351
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR1677D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHL MOTOR PTE. LTD.
Company Reg No 2XXXXX814M
Email Address ksggp8@gmail.com
Mobile Phone No (Phone) +65-92230326
Alternative Phone No +65-92230326

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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 Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5109792828-01
Cover Note Number -

DRIVER

Name of Driver RAPIE BIN ANWAR
NRIC No SXXXX248J
Date Of Birth 07/08/1956
Occupation Outdoor

Date Of Driving Pass	24/02/1978
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92230626
Alt. Phone Number	-
Email Address	rinsanosaka@gmail.com
Address	BLK 165A TECK WHYE CRESCENT #11-329
Address complement	-
Postcode	681165
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	GBD9930L
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NATARAJAN THIYAGARAJAN
Contact Number	-
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

on 31/01/2021 AT ABOUT 10:37 hrs I WAS TRAVELLING BLUANT
 BKKE TOWARDS SLK ALHUR COMPANY 351. THE CAR IN FRONT OF
 ME SLOW DOWN I FLOW SUDDENLY I FELT A GREAT IMPACT
 FROM MY REAR A VAN GAO 930L BACK INTO THE REAR
 OF MY CAR. SCRIBTTD. NO ONE WAS INJURED.

Declaration

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

Witnessed by Reporting Centre Personnel

Raji 30-1-21

[Signature] 01/02/2021





























