

# 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 .....	15/02/2021 14:05 (SGT)
Date of Accident .....	11/02/2021 12:10 (SGT)
Exact Location of Accident .....	West Coast Rd, Singapore
Additional Location Information .....	WEST COAST ROAD (BEFORE PANDAN GARDENS JUNCTION)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE9363T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	REEFERTEC PTE LTD
Company Reg No .....	1XXXXX597C
Email Address .....	jasonkcapl@gmail.com
Mobile Phone No .....	(Phone) +65-92959994
Alternative Phone No .....	(Office) +65-92959994

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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 .....	Goods vehicle

### INSURANCE COMPANY

Name of Insurance Company .....	India International
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D18MFL01002152_02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	PRAKASH S/O PERIASAMY
NRIC No .....	SXXXX103C
Date Of Birth .....	02/12/1970
Occupation .....	Outdoor

Date Of Driving Pass .....	17/03/1994
Driving experience .....	26 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92959994
Alt. Phone Number .....	-
Email Address .....	jasonkcapl@gmail.com
Address .....	BLK 891A WOODLANDS DRIVE 50
Address complement .....	#02-201
Postcode .....	730891
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 THE 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 .....	SGC1139D
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMM9546R
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 .....	PRAKASH S/O PERIASAMY
Address .....	BLK 891A WOODLANDS DRIVE 50
Address Complement .....	#02-201
Post Code .....	730891
Approximate Age Years Old .....	51
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBE9363T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No





**Describe Circumstances of the Accident**

On 11/2/2021 at 12.10pm.

I was traveling along West Coast Road towards city. While I'm at the Junction of Pandan Gardens Road, I stop at the traffic light to wait for it to turn Green. Suddenly I feel an big impact from the rear of my van. I was pushed forward and hit the front car.

I was involved in a 3 vehicle chain collision.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Graksh.*

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



Witnessed by Reporting Centre Personnel









































