

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 20/02/2021 14:57 (SGT)
Date of Accident 19/02/2021 09:45 (SGT)
Exact Location of Accident Jurong West Street 64, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP4838T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAND RICH CONSTRUCTION & ENGINEERING PTE. LTD
Company Reg No 2XXXXX771E
Email Address ADMIN@GRANDRICHCONST.COM
Mobile Phone No (Phone) +65-97267779
Alternative Phone No +65-97267779

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Canter
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 SD20V14842/VCH/R00
Cover Note Number -

DRIVER

Name of Driver ILANGO VAN SUBBAIYAN
Passport No/FIN GXXXX279M
Date Of Birth 15/06/1985
Occupation Outdoor

Date Of Driving Pass	25/04/2014
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81245621
Alt. Phone Number	-
Email Address	ADMIN@GRANDRICHCONST.COM
Address	BLK 36 MANDAI ESTATE ROOM
Address complement	#05-33
Postcode	729941
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)	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

PLS REFER TO THE ATTACHED 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	SMN8199E
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 ILANGOVAN SUBBAIYAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? YP4838T
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

On the stated date and time, I was travelling along Jurong West ST 64. My vehicle was inside a filtering lane waiting for the oncoming vehicles to clear before exiting the filter lane. Suddenly, I felt an impact on my rear. I went down of my vehicle and realised that vehicle bearing carplate number SIMN8199E had rear ended my vehicle. I felt pain on some portion of my body and went to consult a doctor. I was then given 2 days of MC.

Declaration

We declare the foregoing particulars are true in every respect.



 Policy holder's Signature / Date & Time



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



 Witnessed by Reporting Centre Personnel













