

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 03/05/2021 17:12 (SGT)
Date of Accident 28/02/2021 16:45 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF4061S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JFS FOOD PTE LTD
Company Reg No 201135480D
Email Address sundarjj1995@gmail.com
Mobile Phone No (Phone) +65-67425522
Alternative Phone No (Office) +65-67425522

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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00098222000
Cover Note Number -

DRIVER

Name of Driver KATHAN SUNDARAN
Passport No/FIN G2881708N

Date Of Birth	18/03/1995
Occupation	Outdoor
Date Of Driving Pass	08/11/2018
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90815456
Alt. Phone Number	-
Email Address	sundarjj1995@gmail.com
Address	658 JALAN TENAGA DOOR NO #08-160
Address complement	-
Postcode	410658
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 - Change/cross lane
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

I filtered to the lane on my right, taxi on my right stopped. so i filtered halfway and stopped because not enough space for my lorry to fliter totally. Taxi moved forward and hit my vehicle.

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	SHC360A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-96794330
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

I FILTERED TO THE LANE ON MY RIGHT,

TAXI ON MY RIGHT STOPPED.


SO I FILTERED HALF WAY AND STOPPED BECAUSE NOT ENOUGH SPACE FOR MY LORRY TO FILTER TOTALLY.

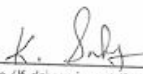
TAXI MOVED FORWARD & HIT MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

JPS BROOKLYN PTRE LTD
Reg.No. Z2311334000

X 
Policyholder's Signature / Date & Time


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

 
Witnessed by Reporting Centre Personnel























JFS Food Pte Ltd
1 Kaki Bukit Road 1
#05-31 Enterprise One
Singapore 415934

Tel: (65) 6742 5522 Fax: (65) 6742 2922
Co. Reg. No.: 201135480D

03 May 2021

To Whom It May Concern

Dear Sir/ Madam

AUTHORIZATION FOR USE OF VEHICLE (VRN : GBF4061S)

- 1 This is to certify that Mr Kathan Sundaram (FIN No. G2881708N) is permitted to use above-mentioned vehicle for work purposes only.
- 2 We understand that he was involved in a road incident during work hours on 28 February 2021. For this reason, kindly assist him with accident reporting and/or any necessary purposes.
- 3 Should you need any further clarifications, please contact me at 67425522.

Yours sincerely

JFS FOOD PTE LTD
Reg. No. 201135480D

Anjolee Aeria (Mrs)
HR Manager