

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 06/03/2021 11:48 (SGT)
Date of Accident 05/03/2021 14:00 (SGT)
Exact Location of Accident Lor Ah Soo, Singapore
Additional Location Information JUNCTION OF SLIP ROAD LORONG AH SOO TOWARDS
HOUGANG AVENUE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4411P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner K S L ENGINEERING PTE LTD
Company Reg No 1XXXXX637K
Email Address mary@atstraffic.com.sg
Mobile Phone No (Phone) +65-68995833
Alternative Phone No (Office) +65-68995833

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118361868
Cover Note Number -

DRIVER

Name of Driver SHAJIB MD RIAZ MURSHED
Passport No/FIN GXXXX800U
Date Of Birth 23/04/1987

Occupation
 Date Of Driving Pass Outdoor
 Driving experience 09/06/2014
 Gender 6 YEARS AND 9 MONTHS
 Mobile Number Male
 Alt. Phone Number (Phone) +65-81824034
 Email Address -
 Address mary@atstraffic.com.sg
 Address complement 30 MARSILING LANE
 Postcode -
 Is the driver the policyholder? 739149
 If No, Relationship of the Driver with the Insured No
 Does Driver Own Other Vehicles? Employee
 Vehicle Registration Number of Other Vehicle Owned by Driver No
 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) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name ANAMOL
 Gender Male

PASSENGER 2

Name RAHMAN MAKSUDUN
 Gender Male

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

REFER TO ATTACHED ; REMARKS : TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

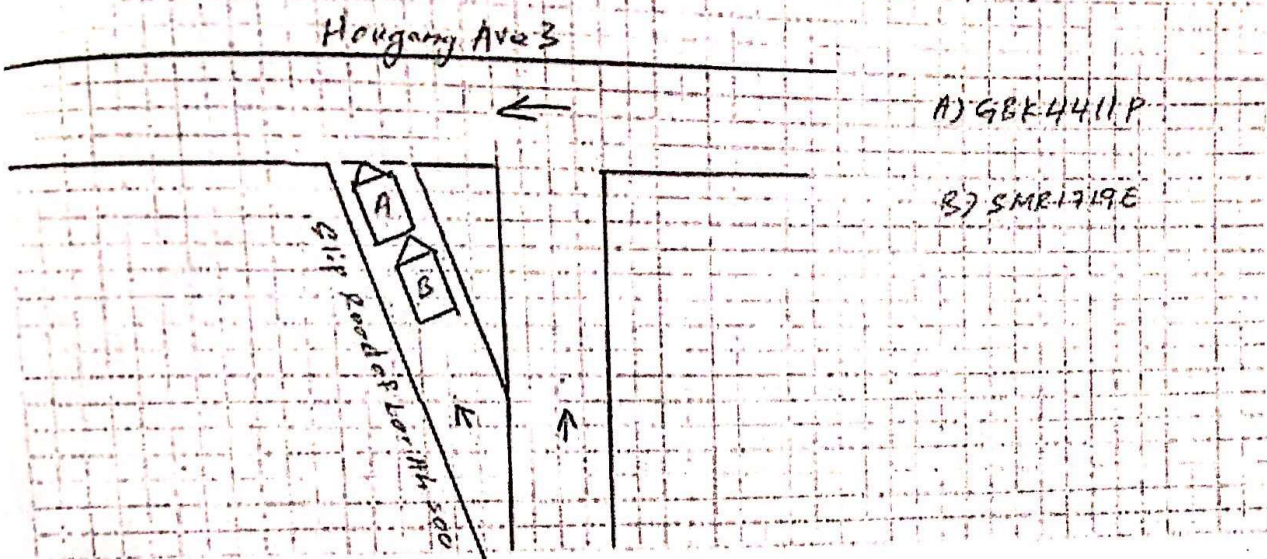
ATTACHMENT(S)

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 SMR1719E
 Vehicle Manufacturer Subaru
 Vehicle Model Xv

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/02/2021 about 14:00. I was driving at my vehicle A (GBK4411P) from Lor AH 500 towards Hougang Ave 3. At the junction of the slip road. I stop my vehicle for checking oncoming traffic. A few second later, I felt an impact from behind. I got down from my vehicle and checking, realised that the vehicle B (SMR1719E) hit onto rear of my vehicle. We exchange particulars for insurance purpose.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

KSL Engineering Pte Ltd

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.: