

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 09/04/2021 14:25 (SGT)
Date of Accident 08/04/2021 17:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information CLEMENTI ROAD TWRDS ULU PANDAN ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM7628D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ULTIMATE TRANSPORT & SERVICES PTE LTD
Company Reg No 2XXXXX579D
Email Address jasonkcapl@gmail.com
Mobile Phone No (Phone) +65-93361151
Alternative Phone No +65-93361151

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model MITSUBISHI / FE83BE6SRDEA
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
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5117101519
Cover Note Number -

DRIVER

Name of Driver SUBBIAH SHAMUGAM
Work Permit No GXXXX044U

Date Of Birth	11/05/1980
Occupation	Outdoor
Date Of Driving Pass	12/09/2019
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83931271
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	18 BOON LAY WAY #10-125 TRADEHUB 21
Address complement	-
Postcode	609966
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	4
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

REFER ATTACHED;

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	XD5867C
Vehicle Manufacturer	Scania
Vehicle Model	SCANIA / P380CA4X2MSZ
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	GBG5752U
Vehicle Manufacturer	Nissan
Vehicle Model	NISSAN / NV350 PANEL VAN 2.5 5MT 5DR EURO V
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 3

Vehicle Registration Number	SJD8545C
Vehicle Manufacturer	Honda
Vehicle Model	HONDA / CROSSROAD 1.8 A
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	SUBBIAH SHAMUGAM
Address	18 BOON LAY WAY #10-125 TRADEHUB 21
Address Complement	-
Post Code	609966
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YM7628D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

On 08.04.2021 at about 17:05pm. I was travelling along Clementi Road towards Ulu Pandan Road. I stationary due to traffic light. Suddenly, I felt an impact from my rear and my vehicle moved forward and hit the front vehicle. I was involved in a 4 vehicle chain collision.

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

TDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vtdac.com.sg

Witnessed by Reporting Centre Personnel















