

# 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 ..... 20/04/2021 15:58 (SGT)  
Date of Accident ..... 20/04/2021 09:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALEXANDRA ROAD TOWARDS AYE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ4909B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... JURONG PROVISION SHOP  
Company Reg No ..... 5XXXX138X  
Email Address ..... jasonkcapl@gmail.com  
Mobile Phone No ..... (Phone) +65-94562034  
Alternative Phone No ..... +65-94562034

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... TOYOTA / HIACE VAN TURBO 5DR MT  
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 ..... Manual  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5109051251-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DHARMALINGAM SARAVANAN  
NRIC No ..... SXXXX110B

Date Of Birth .....	11/07/1975
Occupation .....	Outdoor
Date Of Driving Pass .....	05/06/2013
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94562304
Alt. Phone Number .....	-
Email Address .....	jasonkcapl@gmail.com
Address .....	BLK 403 PANDAN GARDENS #15-19
Address complement .....	-
Postcode .....	600403
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 .....	Side Swipe
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

REFER ATTACHED;

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SCG7877T
Vehicle Manufacturer .....	Jaguar
Vehicle Model .....	JAGUAR / XE 2.0 I4D TSS
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BRANDON KANG JIA JIN
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 ..... DHARMALINGAM SARAVANAN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... GBJ4909B  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No



**Describe Circumstances of the Accident**

On 20.04.2021 at about 09:55 am. I was travelling along Alexandra Road towards AYE. I was travelling straight. Vehicle B turning right from the opposite lane without stopping at the stop line and hit my vehicle.

**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

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vakb@vicom.com.sg

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Witnessed by Reporting Centre Personnel  
20 APR 2021







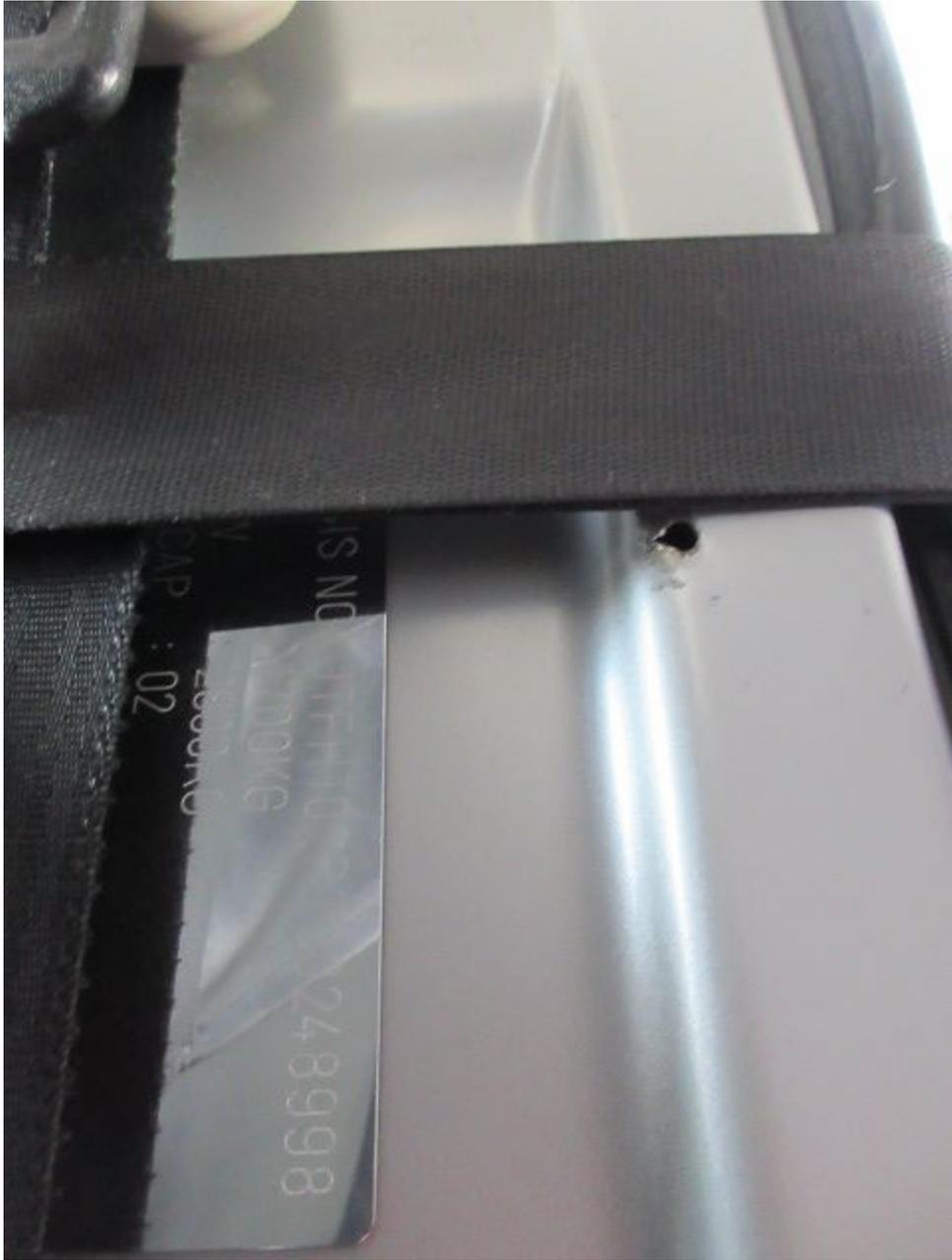
















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: 566550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SV0L214K000A Vehicle Registration No: GBJ4909B  
 Name(as shown in NRIC) : \*DHARMALINGAM SARAVANAN NRIC/FIN/Passport No : SXXXX110B  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 403 PANDAN GARDENS #15-19 Singapore( 600403)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \*94562304  
 Email Address : \_\_\_\_\_  
 Date of Accident : 20/04/2021 Time of Accident : 09:55  
 Place of Accident : \*ALEXANDRA ROAD TOWARDS AYE  
 Insurance Company: MTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO UPDATE; ADD ON THIRD PARTY PLATE NO

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FILE BY SITI

Policyholder / Driver's Signature  
 Date: 20.04.2021

IDAC KAKI BUKIT

Reporting Centre Personnel's Signature  
 Name: SITI  
 NRIC/FIN No.:  
 Date: 19.04.2021