

# 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 ..... 26/04/2021 14:24 (SGT)  
Date of Accident ..... 24/04/2021 17:40 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE TWDS CHANGI ( BKE EXIT)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD6306Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GOLD PLUS FUELS PTE LTD  
Company Reg No ..... 2XXXXX832N  
Email Address ..... SALES@GOLDPLUSFUELS.COM  
Mobile Phone No ..... (Phone) +65-91500500  
Alternative Phone No ..... +65-91500500

### VEHICLE PARTICULARS

Manufacturer ..... Man  
Model ..... Tgs  
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 ..... 10518

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... D19MFL0005920\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ZHOU SUO  
Passport No/FIN ..... GXXXX224W

Date Of Birth .....	10/12/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	05/06/2017
Driving experience .....	3 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96107942
Alt. Phone Number .....	-
Email Address .....	SALES@GOLDPLUSFUELS.COM
Address .....	3018 Bedok North Street 5, #03-47 EastLink,
Address complement .....	-
Postcode .....	486132
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

ON 24/04/2021 AROUND 17:40HRS, I WAS DRIVING MY COMPANY VEHICLE XD6306Z ALONG PIE TWDS CHANGI (BKE EXIT). I WAS DRIVING WITHIN MY LANE, VEH B SKA3828Z SWERVED INTO MY LANE AND BRUSH AGAINST MY FRONT LEFTPORTION.

#### 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

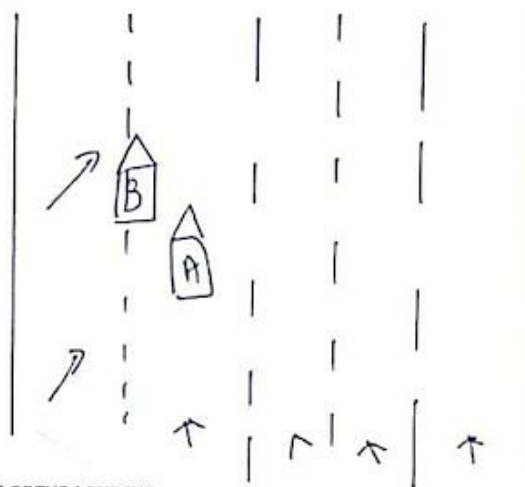
Vehicle Registration Number .....	SKA3828Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

A - XD 6306Z

B - SKA 3828Z

SKETCH PLAN



PIE Tubs change  
BKE Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/2021 around 17:40hrs, I was driving my company vehicle XD 6306Z along PIE Tubs change (BKE Exit). I was driving within my lane, Veh B SKA 3828Z Swooped into my lane and brush against my left front portion.

DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No.:







































