

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	22/06/2021 15:10 (SGT)
Date of Accident	21/06/2021 16:50 (SGT)
Exact Location of Accident	Jln Pakis, Singapore
Additional Location Information	JUNCTION OF JALAN SUASA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1041R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CA M&E ENGINEERING PTE. LTD.
Company Reg No	2XXXXX189G
Email Address	IRENE@CA-ME.COM.SG
Mobile Phone No	(Phone) +65-94509712
Alternative Phone No	+65-94509712

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ21-000044
Cover Note Number	-

DRIVER

Name of Driver	HOSSIN MOHAMMAD HERON
Passport No/FIN	GXXXX908N

Date Of Birth	13/04/1989
Occupation	Outdoor
Date Of Driving Pass	11/02/2019
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83249720
Alt. Phone Number	-
Email Address	IRENE@CA-ME.COM.SG
Address	23A LORONG 17 GEYLANG
Address complement	-
Postcode	388551
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?	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

PLS REFER TO THE 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	SLH5902E
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) -

Describe Circumstances of the Accident


I was travelling along Jalan Pakes. When I saw
 veh x approaching I stop my veh ^{to give way} but veh x didn't
 go straight instead he parked at the roadside.
 When I started to move off suddenly veh B
 came from behind and collided onto my veh.


Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 22-06-2021
 Driver's Signature (If driver is not the policyholder) / Date & Time

 22/06/21
 Witnessed by Reporting Centre Personnel















