

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

30/07/2021 11:58 (SGT) 26/07/2021 20:00 (SGT) 1 Defu Lane 10, Singapore 539182 ALONG DEFU SOUTH ST 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GY8406X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

ABWIN LEASING PTE LTD

2XXXXX082Z

paulinekoh@abwinleasing.sg (Phone) +65-88389699

+65-88389699

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Toyota Dyna

Employment

No - Claiming third party Commercial vehicle

Manual 2986

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd ThirdParty

Yes

5109568886-02-000001

DRIVER

Name of Driver Work Permit No UTHSENIRAPATHI SERANSENKUTTUVAN GXXXX528P



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

03/03/1984 Outdoor 29/03/2019

2 YEARS AND 4 MONTHS

(Phone) +65-84424764

paulinekoh@abwinleasing.sg 21, DEFU SOUTH ST 1

533848

No

Paid Driver

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

PASSENGER 3

Name Gender

PASSENGER 4

Name Gender

PASSENGER 5

Name Gender

PASSENGER 6

Name Gender

PASSENGER 7 Name

Gender PASSENGER 8

Name

Accident report SS1E217U0005

Dry

No

No

Yes 9

No

MAJUMDAR PARBIR CHANDRA

Male

SHEKH Male

SABBIR Male

AROKIASAMY

Male

NEAZ Male

> **JOHURUL** Male

ULAGANATHAN

Male

KALAIPRIYAN

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Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG DEFU SOUTH ST 1 TOWARDS MY DORMITORY I WAS TRAVELLING STRAIGHT ON MY LANE ALL OUT OF SUDDEN VEHICLE GBF206T CAME OUT FROM THE EXIT OF DORMOTORY AND COLLID ONTO MY FRONT LEFT PORTION

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF206T

Vehicle Manufacturer Vehicle Model Vehicle Variant -

Vehicle Colour
Vehicle Cotoson

Vehicle CategoryCommercial vehicleName of DriverKHAN RASHEDUL ISLAMWork Permit NoGXXX4269

Contact Number - Address -

Address complement - Postcode - -

Insurance Company Name
Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SKETCH PLAN

AMPORTANT NOTICE

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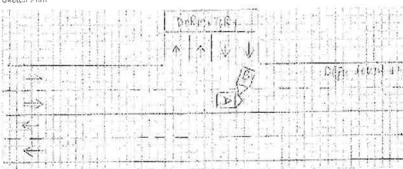
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Sketch Plan



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