

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 06/12/2021 10:30 (SGT)
Date of Accident 03/12/2021 13:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information along PIE (before exit 35 KJE (BKE))
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD7972D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TERASAKI ELECTRIC COMPANY (FAR EAST) PTE. LTD.
Company Reg No 197300374Z
Email Address JANE.TOH@TERASAKI.COM.SG
Mobile Phone No (Phone) +65-96704223
Alternative Phone No (Home) +65-96704223

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 71

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5090671850-04
Cover Note Number -

DRIVER

Name of Driver MUNOZ EDISON BALONDO
Work Permit No G6178243K

Date Of Birth	21/03/1980
Occupation	Outdoor
Date Of Driving Pass	19/03/2021
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91399953
Alt. Phone Number	-
Email Address	JANE.TOH@TERASAKI.COM.SG
Address	BLK 262 #12-279
Address complement	BISHAN STREET 22
Postcode	570262
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 - Head to Rear
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 vehicle or property damaged?	No
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

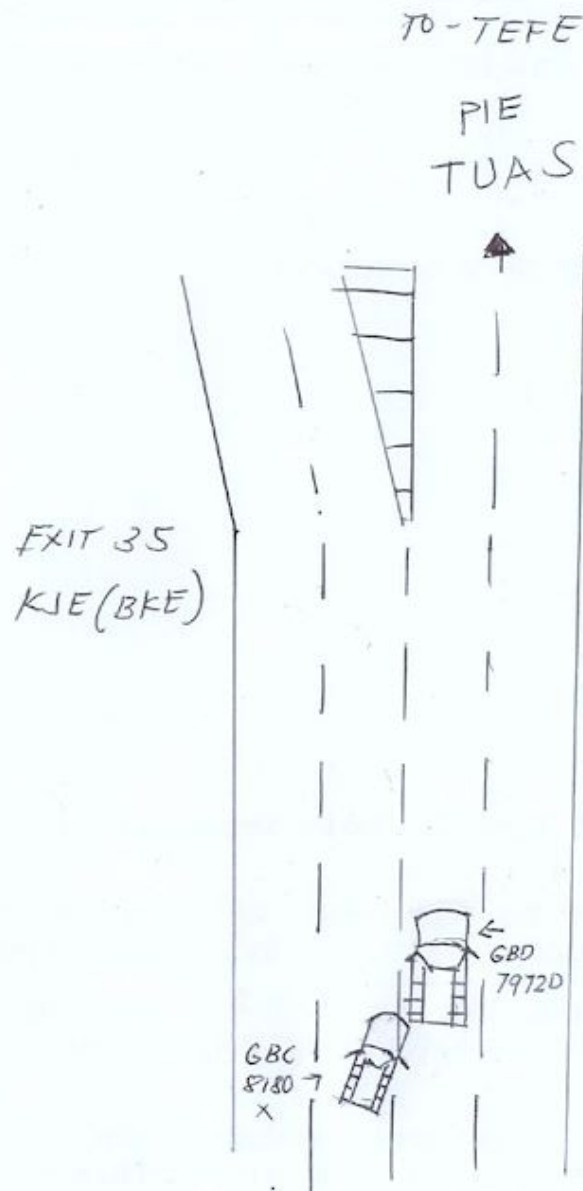
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Today at about 13:20 along PIE (before exit 35 KJE (BKE) our vehicle with plate no. GBD7972D was hit by vehicle with plate no GBC8180X driver is Mr Shaik Abdillah Bin Mohamed Yusoff Licence no. S9623510J. From our discussion he is behind me in the 3rd lane when he almost fall asleep and didnt check blind spot and then cross over at the lane I'm driving (2nd lane) and hit our company vehicle from behind (left side)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No













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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MTAR000007446 Vehicle Registration No: GBD7972D
 Name (as shown in NRIC): TERASAKI ELECTRIC CO. (F.E.) P NRIC/FIN/Passport No: 197300374Z
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 17 tuas street Singapore (638454)
 Contact (Tel): 65611165 Mobile No.: 96704223
 Email Address: jane.toh@terasaki.com.sg
 Date of Accident: 03-Dec-2021 Time of Accident: 13:20
 Place of Accident: Along PIE (before exit 35 KJE (BKE))
 Insurance Company: NTUC INCOME

(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:

Under Vehicle particulars, under "Are you claiming under your own insurance policy for repair to your vehicle" to change it to "No - claim from third party"

Policyholder / Driver's Signature

Date: 10/12/2021



Reporting Centre Personnel's Signature

Name: RAYMOND TOH (ORANGE FORCE)

NRIC/FIN No.: S098883

Date: 10 DEC 2021