

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 21/12/2021 12:16 (SGT)
Date of Accident 21/12/2021 07:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information JALAN BUKIT MERAH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA7310P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EML TRANSPORT SERVICE PTE. LTD.
Company Reg No 2XXXXX462H
Email Address emltp08@gmail.com
Mobile Phone No (Phone) +65-92779277
Alternative Phone No +65-92779277

VEHICLE PARTICULARS

Manufacturer Isuzu
Model LT134P
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 Bus
Transmission Manual
CC 7790

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number D20MFL0004774_01
Cover Note Number -

DRIVER

Name of Driver TAMILCHELVAN S/O MANICKAM
NRIC No SXXXX574G

Date Of Birth	14/01/1962
Occupation	Outdoor
Date Of Driving Pass	31/10/1988
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82095062
Alt. Phone Number	-
Email Address	emltpt08@gmail.com
Address	BLK 54 TELOK BLANGAH DRIVE #08-40
Address complement	-
Postcode	100054
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?	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 21/12/2021 AROUND 0735HRS, I WAS DRIVING MY BUS PA7310P ALONG BUKIT MERAH. SUDDENLY I FELT AN IMPACT FROM THE REAR. VEH B SMJ6345J COLLIDED ONTO MY BUS REAR PORTION.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ6345J
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)	-

SKETCH PLAN

A - PA7310P

B - SMJ 6345J



Jalan Bukit Merah.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 21/12/2021 around 0735hrs, I was driving my Bus PA 7310P along Jalan Bukit Merah. Suddenly I felt an impact from the rear. veh B SMJ 6345J collided onto my rear 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:

Y Chaw

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

Signature







































