

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 31/12/2021 15:27 (SGT)
Date of Accident 31/12/2021 10:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TOWARDS JURONG NEAR ADAM ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY7896A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HAQ TRANSPORT
Company Reg No 5XXXX495L
Email Address claims@cartimes.com.sg
Mobile Phone No (Phone) +65-88151431
Alternative Phone No +65-88151431

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD21V054661/VPL/R00
Cover Note Number -

DRIVER

Name of Driver FARIZAL BIN KAMARUDIN
NRIC No SXXXX216G

Date Of Birth	18/12/1982
Occupation	Outdoor
Date Of Driving Pass	28/09/2011
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88151431
Alt. Phone Number	-
Email Address	claims@cartimes.com.sg
Address	APT BLK 546C SEGAR ROAD #07-49 SINGAPORE 673546
Address complement	-
Postcode	673546
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

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

REFER TO SKETCH PLAN.

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	SLM4934T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NICOLL KOH PEE LONG
NRIC No	SXXXX311D
Contact Number	(Phone) +65-93856699
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FARIZAL BIN KAMARUDIN
Gender	Male
Phone No	(Phone) +65-88151431
Address	APT BLK 546C SEGAR ROAD #07-49 SINGAPORE 673546
Address Complement	-
Post Code	673546
Approximate Age Years Old	-
Injuries Sustained	NOT FEELING WELL.
Injured person in which vehicle?	SMY7896A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

On 31 December 2021 approximately 1050 hour, I was driving along PIE Towards

Jurong Near Adam Road. It was heavy rain, my vehicle have slow down speed.

Suddenly, vehicle B have hit my vehicle rear. We both have changed particular.

Declaration

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



Witnessed by Reporting Centre Personnel





























