

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	01/10/2021 14:25 (SGT)
Date of Accident	30/09/2021 10:56 (SGT)
Exact Location of Accident	8 Mei Hwan Rd, Singapore 568315
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9630S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WAN SERN METAL INDUSTRIES PTE LTD
Company Reg No	1XXXXX335c
Email Address	enquiry@wansern.com.sg
Mobile Phone No	(Phone) +65-84088089
Alternative Phone No	+65-68636336

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V02415/VCV/R03
Cover Note Number	-

DRIVER

Name of Driver	HOSSAIN MOHAMMAD HANNAR
Passport No/FIN	GXXXX164T

Date Of Birth	26/12/1993
Occupation	Indoor
Date Of Driving Pass	21/02/2020
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84088089
Alt. Phone Number	-
Email Address	mdnannan6789@gmail.com
Address	31 TUAS AVE 8
Address complement	-
Postcode	639245
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

PLEASE REFER TO ATTACHED.

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

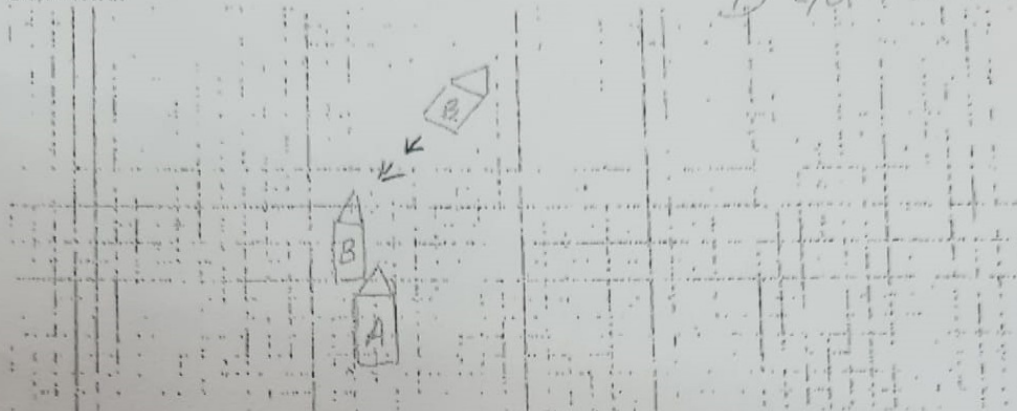
Vehicle Registration Number	GQ4359S
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG MENOI SOON
Contact Number	(Phone) +65-83155287
Address	-
Address complement	-

3/30/2020

Protected By Symantec

A GBF9630S
B GQ4359S

SKETCH PLAN

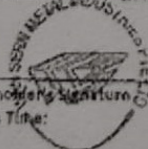


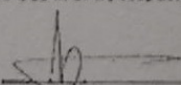
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

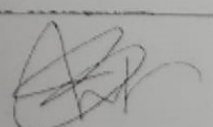
On 30-9-2021 at about 10.56am
 I park my Lorry GBF9630S at
 8 Mei Hwah RD. Lorry B GQ4359S
 reverse and hit my lorry front
 left portion. no body injury.

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: 1-10-2021
 12.00pm


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