

# 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 ..... 03/01/2022 18:23 (SGT)  
Date of Accident ..... 31/12/2021 14:05 (SGT)  
Exact Location of Accident ..... 231A Pandan Loop, Singapore 128419  
Additional Location Information ..... Pandan Loop  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD8718R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... S M Tan Frozen Food Supplies  
Company Reg No ..... 4XXXX000D  
Email Address ..... BTLfood@gmail.com  
Mobile Phone No ..... (Phone) +65-96810004  
Alternative Phone No ..... (Home) +65-96810004

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
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 ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MCV0004423\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Li Qiao  
Work Permit No ..... 0XXXX3212

Date Of Birth .....	08/07/1993
Occupation .....	Outdoor
Date Of Driving Pass .....	08/08/2020
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98117435
Alt. Phone Number .....	-
Email Address .....	btlfood@gmail.com
Address .....	549, Jurong West St 42, #04-219
Address complement .....	-
Postcode .....	640549
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Wet

#### 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? .....	-

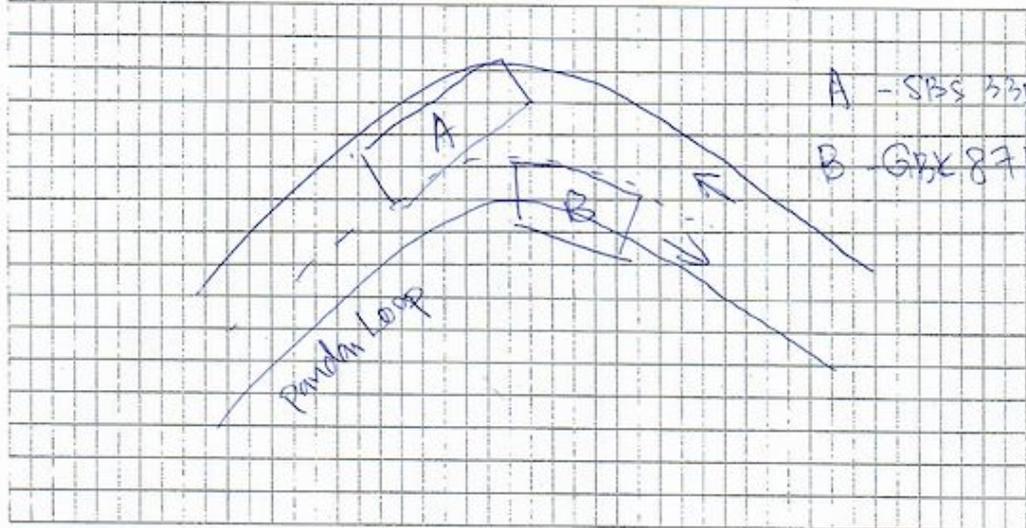
#### CIRCUMSTANCES OF ACCIDENT

Bus turn into my lane and scratched my lorry.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	Video over write. SBS will submit Video
Was there any audio recorded? .....	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SBS Bus turned into my lane and scratched my lorry.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

*[Handwritten Signature]*

Policyholder's Signature  
Date & Time

*[Handwritten Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's  
Name: