

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	11/02/2022 09:31 (SGT)
Date of Accident	09/02/2022 14:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Tuas Rd towards AYE City
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4061C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EVERSHINE PROJECTS PTE LTD
Company Reg No	1XXXXX295M
Email Address	adminhr@evershine.com.sg
Mobile Phone No	(Phone) +65-63343988
Alternative Phone No	(Office) +65-63342866

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NMR85UH5AC 3.0 MT TURBO 2WD 2DR 5.0T
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	2999

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	GA446445
Cover Note Number	-

DRIVER

Name of Driver	CHINNASAMY MUTHUKUMAR
Passport No/FIN	GXXXX101W

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KANESAN
Contact Number	(Phone) +65-89347044
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



A: YN4061C

B: YM9266B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

YN4061C

On 9/2/2022 around 14:28 hrs, I was driving vehicle A along Tuaru Rd towards A/E city. When the traffic light turned to red, I was stopped, suddenly a vehicle YM9266B came from my behind hit onto my rear. No 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:

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