

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 13/05/2022 10:40 (SGT)
Date of Accident 11/05/2022 08:45 (SGT)
Exact Location of Accident Bukit Batok West Ave. 5, Singapore
Additional Location Information BUKIT BATOK WEST AVENUE 5 X BUKIT BATOK ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC8470T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMBI EXPRESS
Company Reg No 53206792D
Email Address peterckh8470@gmail.com
Mobile Phone No (Phone) +65-93881102
Alternative Phone No +65-93881102

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Reporting only
Vehicle Category Bus
Transmission Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MCV0004508_01
Cover Note Number -

DRIVER

Name of Driver PETER CHIA KIM HAY
NRIC No S1528342D

Date Of Birth	12/01/1962
Occupation	Outdoor
Date Of Driving Pass	20/07/1993
Driving experience	28 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93881102
Alt. Phone Number	-
Email Address	peterckh8470@gmail.com
Address	BLK 602 CLEMENTI WEST ST 1 #03-25
Address complement	-
Postcode	120602
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 - Major/Minor Rd
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

AT THE SLIP ROAD OUT TO BUKIT BATOK ROAD, VEHICLE NO. SMJ 6172 R WHICH WAS INFRONT OF ME STARTED TO MOVE, I DO FOLLOW, UNLUCKILY WHILE LOOKING TRAFFIC FROM MY RIGHT, I STILL COLLIDED ONTO THE REAR COVER OF VEHICLE NO. SMJ 6172 R.

ATTACHMENT(S)

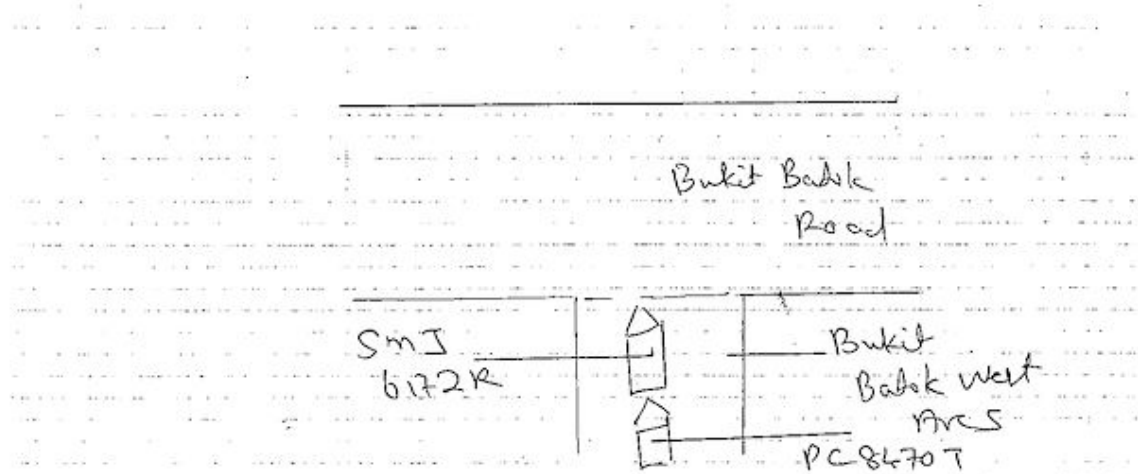
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ6172R
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97842101

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the T-junction of Bukit Babak West Ave 5 out to Bukit Babak Road, vehicle No. Regn No. SMJ 6172R was parking in front waiting for traffic on the right to clear, when he started to move, I do follow. Unluckily, I still collided onto the rear cover of Vch No. SMJ 6172R

DECLARATION

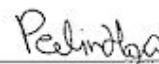
I/We declare the foregoing particulars are true in every respect.



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.:



