

# 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 ..... 09/06/2022 15:12 (SGT)  
Date of Accident ..... 08/06/2022 19:45 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE6532G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CHYE JOO CONSTRUCTION PTE LTD  
Company Reg No ..... 1XXXXX808K  
Email Address ..... estrpt66@gmail.com  
Mobile Phone No ..... (Phone) +65-65657788  
Alternative Phone No ..... (Office) +65-65657788

### VEHICLE PARTICULARS

Manufacturer ..... CAMC  
Model ..... HN3251X40C3M6  
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 ..... 11813

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D22MFL0002638  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KRISHNAMOORTHY PRAKASH  
Passport No/FIN ..... GXXXX919X

Date Of Birth .....	07/06/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	09/07/2015
Driving experience .....	6 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-65657788
Alt. Phone Number .....	-
Email Address .....	estrpt66@gmail.com
Address .....	19 KIAN TECK ROAD
Address complement .....	-
Postcode .....	628772
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

PLEASE 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 .....	SJE3892C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-

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

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBK5585P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



## Describe Circumstances of the Accident

On 8/6/22, at about 19:45hrs, I was travelling along 8LE towards BKE before Lenton Ave Ext. I was driving straight on the 3rd lane of 5 lanes. The vehicles in front of me slowed down and stopped. Noticing that, I followed suit, slowed down and came to a complete stop. After a few seconds, I felt an impact from the rear. I looked into my vehicle's side mirror, and realised vehicle B had collided onto the rear portion of my vehicle and vehicle C was positioned horizontally on lane 2. I alighted and waited for the traffic police. No one was conveyed, we later exchanged particulars and left the scene.

## 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



09/06/2022

Witnessed by Reporting Centre Personnel



















