

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 20/06/2022 14:40 (SGT)
Reported by -
Date of Accident 19/06/2022 13:25 (SGT)
Exact Location of Accident Jurong West Ave 5, Singapore
Additional Location Information SHELL STATION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5178H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner NAWAS GLOBAL PTE LLTD
Company Reg No 201602947R
Email Address account@ajmalsg.om
Mobile Phone No (Phone) +65-87123606
Alternative Phone No +65-87123606

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 Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D18MCV0001896_03

DRIVER

Name of Driver MATHIVANAN LENIN KALAIVANAN
Passport No/FIN G5981989K
Date Of Birth 20/04/1984
Occupation Outdoor

Date Of Driving Pass	12/02/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82804005
Alt. Phone Number	-
Email Address	account@ajmalsg.om
Address	271D JURONG WEST ST 24 #13-68
Address complement	-
Postcode	644271
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

I PARKED MY VEHICLE AT THE COMPOUND OF THE SHELL STATION TO TOP UP MY CASH CARD. WHEN I START MY ENGINE TO SWERVE LEFT TO GO OUT, VEHICLE NO. SLR 8818 T CAME IN FROM THE MAIN ROAD CLOSELY BESIDE ME, CAUSING ME TO HIT ONTO THE LH REAR DOOR PANEL.

ATTACHMENT(S)

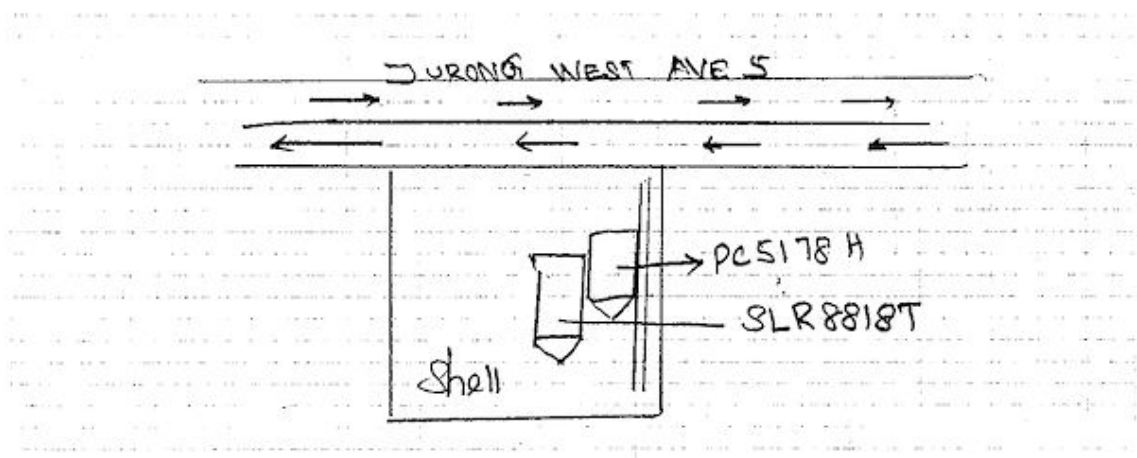
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR8818T
Vehicle Manufacturer	Volkswagen
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)	1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my vehicle at the Shell Station compound to top up my Cash Card. When I start my engine, I swung left to go out. Vehicle No SLR 8818T came in from the main road closely beside me, causing me to hit onto the LH rear door panel.

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.:









