

# 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 Actual 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 .....	17/08/2022 16:43 (SGT)
Reported by .....	Driver
Date of Accident .....	15/08/2022 18:15 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	TOWARDS TPE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE1110Z

### 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) +65-84089202
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	3336k/6x4
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	11946

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MFL0004151_02

### DRIVER

Name of Driver .....	MAHALINGAM ARUL
Passport No/FIN .....	GXXXX006U
Date Of Birth .....	14/06/1983
Occupation .....	Outdoor

Date Of Driving Pass .....	11/11/2015
Driving experience .....	6 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84089202
Alt. Phone Number .....	-
Email Address .....	estrpt66@gmail.com
Address .....	19 KIAN TECK ROAD Singapore 628772
Address complement .....	-
Postcode .....	-
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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SLX6829T
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) ..... -



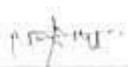
Describe Circumstance of the Accident

On 15/08/22, at about 18:15hrs, I was travelling along ECP towards TPE with my company vehicle XE1110Z for work purpose. I was driving straight on lane 3 of 4 lanes. There was noise coming from my vehicle, I slowed down, signalled, checked traffic was cleared and slowly lane change to the left most lane. Out of a sudden, I felt an impact from the rear. I then realised vehicle B had collided onto the rear portion of my vehicle.

Declaration

I am declaring the foregoing particulars are true to my best knowledge.

  
Driver's Signature (Print Name & Date)

  
Driver's Signature (Print Name & Date)

 17/08/2022  
Driver's Signature (Print Name & Date)



























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09228H0008 Vehicle Registration No: XE1110Z  
 Name (as shown in NRIC): NIHA LUKOM ALI NRIC/FIN/Passport No: GXXXX00064  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 84089202  
 Email Address: \_\_\_\_\_  
 Date of Accident: 15/08/2022 Time of Accident: 18:15  
 Place of Accident: ECE TANJONG PAK  
 Insurance Company: INDIA INTERNATIONAL INSURANCE

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To INQUIRE THE CORRECT SKETCH PLAN

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Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: 26/08/2022

1/Jan/2022