

# 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 ..... 01/08/2022 16:06 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 27/07/2022 15:45 (SGT)  
Exact Location of Accident ..... 210 Jln Buroh, Singapore 609831  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XD8446P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CWT INTEGRATED PTE LTD  
Company Reg No ..... 1XXXXX671C  
Email Address ..... lawrence@int.cwtlimited.com  
Mobile Phone No ..... (Phone) +65-97849154  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... UDTrucks  
Model ..... GKB5ELDNT ESCOT V  
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 ..... 10837

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... B 400001452 MKF

### DRIVER

Name of Driver ..... LIM CHEE BENG  
NRIC No ..... SXXXX244C  
Date Of Birth ..... 16/12/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	17/02/1983
Driving experience .....	39 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97849154
Alt. Phone Number .....	-
Email Address .....	lawrence@int.cwtlimited.com
Address .....	BLK 289D COMPASSVALE LINK #02-85
Address complement .....	-
Postcode .....	544289
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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 - Change/cross lane
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 WAS TRAVELLING ALONG JALAN BURUH ON THE 1ST LANE. WHEN SUDDENLY VEHICLE YP5079K CAME FROM MY LEFT SIDE AND COLLIDED ONTO MY VEHICLE. MY LEFT SIDE CABIN AND DOOR IS DAMAGED. NO INJURY.

#### 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 .....	YP5079K
Vehicle Manufacturer .....	Hino
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SAKTHIVEL NAREEN KUMAR

Passport No/FIN .....	GXXXX111P
Contact Number .....	(Phone) +65-82673669
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1




**Describe Circumstances of the Accident**

I was travelling along Jalan Bursah on the 1<sup>st</sup> lane when suddenly vehicle YP 5079K came from my left side and collided onto my vehicle. My left side cabin and door is damaged. No injury.

**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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

