



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	29/09/2022 15:02 (SGT)
Reported by	Driver
Date of Accident	27/09/2022 12:00 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6261Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PARTHIBAN MURUGAIAYN
NRIC No	SXXXX205H
Email Address	IJSINGAPORE@YAHOO.COM
Mobile Phone No	(Phone) +65-94777767
Alternative Phone No	+65-90190418

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stepwagon
Variant	STEP WAGON SPADA 1.5 CVT
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

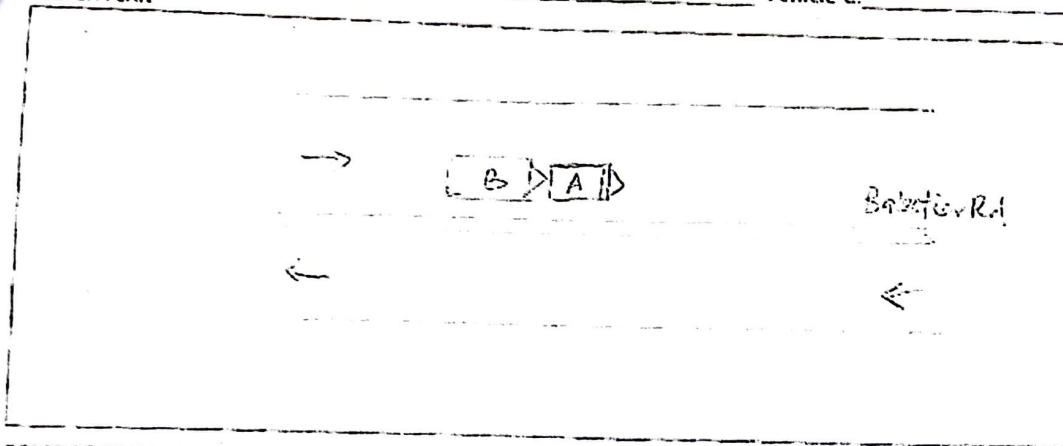
Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5001198

DRIVER

Name of Driver	KRISHNAMOORTHY VENKATESAN
Passport No/FIN	GXXXX321K
Date Of Birth	23/03/1989
Occupation	Indoor

Date of accident: 27/09/22 Time: 1200 hrs Location: Balestier Rd
My Vehicle A: QLP6261Y Vehicle B: SHD626CK Vehicle C:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Balestier Rd near Singapore Indian Association. I stopped my vehicle as there was some traffic in front of me. Suddenly a Toyota taxi knocked into my car from behind.

☐ Claim ODI/TP at: ☒ Claim ODI/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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 Police Officer's Signature
Name:
NRIC/IN No: