

## 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	19/10/2022 11:04 (SGT)
Reported by	Driver
Date of Accident	19/10/2022 06:52 (SGT)
Exact Location of Accident	500 Old Choa Chu Kang Rd, Singapore 698924
Additional Location Information	Inside the compound before exit barrier
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6555X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Sam Bus Pte Ltd
Company Reg No	2XXXXX304H
Email Address	sambbus@aol.com
Mobile Phone No	(Phone) +65-93299902
Alternative Phone No	(Office) +65-91712557

#### VEHICLE PARTICULARS

Manufacturer	King Long
Model	XMQ6118KMMC
Variant	Blue
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	Bus
Transmission	Manual
CC	8849

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MCV0005669

#### DRIVER

Name of Driver	Mohamed Sikandar Shah s/o Ismathinoon
NRIC No	SXXXX712A
Date Of Birth	15/08/1988
Occupation	Outdoor

Date Of Driving Pass	05/01/2010
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85711442
Alt. Phone Number	(Office) +65-93299902
Email Address	sambbus@aol.com
Address	Blk 645 Yishun Street 61
Address complement	#05-320
Postcode	760645
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)	16
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	-

#### PASSENGER 1

Name	NA
Gender	Male

#### PASSENGER 2

Name	NA
Gender	Male

#### PASSENGER 3

Name	NA
Gender	Male

#### PASSENGER 4

Name	NA
Gender	Male

#### PASSENGER 5

Name	NA
Gender	Male

#### PASSENGER 6

Name	NA
Gender	Male

#### PASSENGER 7

Name	NA
Gender	Male

## PASSENGER 8

Name	NA
Gender	Male

## PASSENGER 9

Name	NA
Gender	Male

## PASSENGER 10

Name	NA
Gender	Male

## PASSENGER 11

Name	NA
Gender	Male

## PASSENGER 12

Name	NA
Gender	Male

## PASSENGER 13

Name	NA
Gender	Male

## 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

On 19th Oct 2022 at around 06:52am,I was exiting out towards the centre barrier when suddenly I saw a lorry from my left side also wanted to exit,I slowed down to let him move first,while he move forward,it grazed onto mt left hand side body and cause dented.We stopped and exchanged particulars.That is all I have to say.

## ATTACHMENT(S)

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



Vehicle Registration Number	YP5105T
Vehicle Manufacturer	Mitsubishi
Vehicle Model	FUSO
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Goods vehicle
Name of Driver	Kabir Humayun
Work Permit No	GXXXX559R
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	Dented
Details of property damaged in accident	NA
No. Of Passenger (Including Driver)	6

## PASSENGER 1

Name	NA
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**Gender** ..... **Male**

**PASSENGER 2**

**Name** ..... **NA**

**Gender** ..... **Male**

**PASSENGER 3**

**Name** ..... **NA**

**Gender** ..... **Male**

**PASSENGER 4**

**Name** ..... **NA**

**Gender** ..... **Male**

**PASSENGER 5**

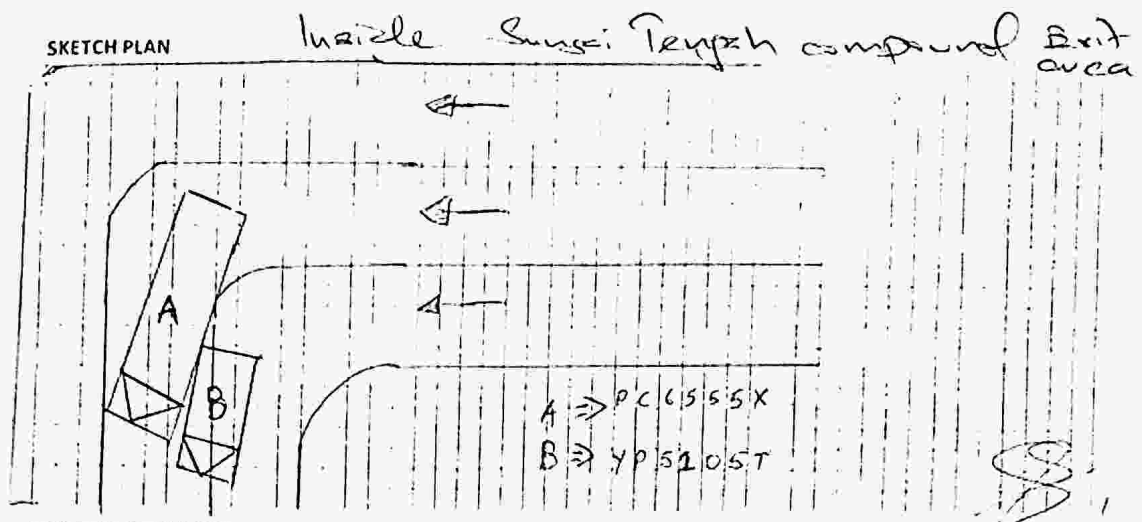
**Name** ..... **NA**

**Gender** ..... **Male**

**PASSENGER 6**

**Name** ..... **NA**

**Gender** ..... **Male**



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT  
On 19th Oct 2022 at around 6.50am,  
I was exiting towards the centre barrier.  
A lorry came from my left side. I  
slowed down to let him move first, but  
when he moved, the lorry grazed onto  
my left hand side body. We stopped  
and exchange particulars. That's all  
I have to say.

DECLARATION

I/We declare that 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: HILMI DZAF S  
NRIC/ID No: 27 072162