

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 | 28/10/2022 11:28 (SGT) |
| Reported by | Both |
| Date of Accident | 27/10/2022 19:01 (SGT) |
| Exact Location of Accident | Stevens Rd, Singapore |
| Additional Location Information | ALONG STEVEN ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNG2991Z |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------|
| Is company? | No |
| Name Of Registered Owner | SURESH KUMAR SHARMA |
| Passport No/FIN | GXXXX854P |
| Email Address | sureshkumarsharma72@yahoo.com |
| Mobile Phone No | (Phone) +65-97284301 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-----------------------------|
| Manufacturer | Hyundai |
| Model | Tucson |
| Variant | TL FL 1.6 GLS T-GDI DCT 2WD |
| 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 | 1591 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MT/01079207 |

DRIVER

| | |
|-----------------|---------------------|
| Name of Driver | SURESH KUMAR SHARMA |
| Passport No/FIN | GXXXX854P |
| Date Of Birth | 15/08/1972 |
| Occupation | Indoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 03/09/2010 |
| Driving experience | 12 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-97284301 |
| Alt. Phone Number | - |
| Email Address | sureshkumarsharma72@yahoo.com |
| Address | APT 57 HILLVIEW AVENUE #05-04 |
| Address complement | HILLINGTON GREEN |
| Postcode | 669578 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 - Head to Rear |
| 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) | 2 |
| 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 | PASSENGER |
| 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 27/10/22 AT ABT 1901HRS I WAS TRAVELLING ALONG STEVEN RD. AS I WAS ABT TO STOP SUDDENLY I FELT AN IMPACT FROM MY RIGHT SIDE REAR & REALIZE THAT VEHICLE B: SHB5785E HAD HIT ONTO MY VEHICLE.

* I WISH TO STATE THAT THE ACCIDENT VIDEO FOOTAGE TIMING IS DIFFERENT FROM THE ACTUAL TIME OF ACCIDENT.

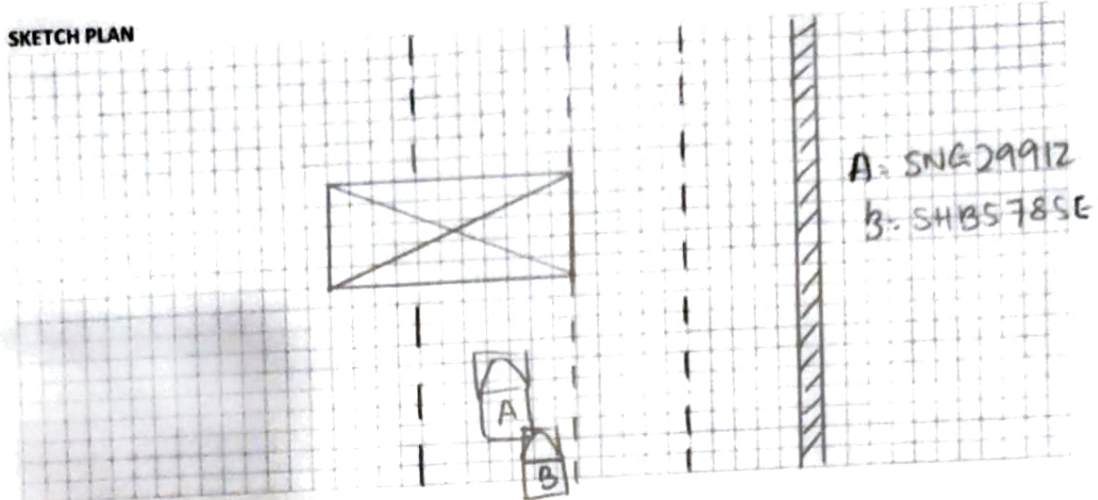
ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB5785E |
|-----------------------------|----------|

SKETCH PLAN



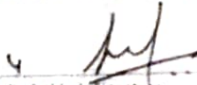
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/10/22 at abt 1901HRS I was travelling Along Steven Rd.
As I was abt to stop suddenly I felt an impact from my
right side rear & realize that vehicle B: SHB 5785E had hit
onto my vehicle.

*I wish to state that the accident video footage timing
is different from the actual time of accident.

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: