

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	07/11/2022 15:53 (SGT)
Reported by	Driver
Date of Accident	06/11/2022 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS ST 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC2849R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CLEAR CHANNEL SINGAPORE PTE LTD
Company Reg No	2XXXXX555H
Email Address	kwangyang.tey@clearchannel.com.sg
Mobile Phone No	(Phone) +65-96575629
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE MANUAL
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?	Yes
Vehicle Category	Goods vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MT20211796

DRIVER

Name of Driver	MOHAMED FAIID BIN MOHAMED ALI
NRIC No	SXXXX586A
Date Of Birth	13/05/1972
Occupation	Outdoor

Date of Birth
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

28/06/1993
29 YEARS AND 5 MONTHS
Male
(Phone) +65-87578924
-
fightclub1305@gmail.com
APT BLK 139 PASIR RIS STREET 11 #07-201
-
510139
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Change/cross lane
Raining
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
No
-
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number

SJP9807C
-
-
-
-
Private car
AFIQ
(Phone) +65-92716117

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 6/11/22 at around 1430hrs. I was driving at along
Pasir ris St 11. All of a sudden Vehicle B (SJP98076)
Changed lane from my left lane hence we both
vehicles collided and damaged on my front portion of my
vehicle.

Declarator

Signature of Declarator



fpf



Jan

Date and Time

Signature of Declarator

Signature of Declarator

Number of Motor Vehicle