

# 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 .....	08/11/2022 14:09 (SGT)
Reported by .....	Driver
Date of Accident .....	07/11/2022 20:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG AYE TOWARDS TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SML4168G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	mitsubishi hc capital asia pacific pte ltd
Company Reg No .....	1XXXXX399N
Email Address .....	thirumalaisakthi@live.com.sg
Mobile Phone No .....	(Phone) +65-97415044
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	TOURAN 1.4 TSI CL 5T13NZ HLG
Variant .....	-
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 .....	1395

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMPPHQ22-003834

### DRIVER

Name of Driver .....	SRINIVASAN THIRUMALAI
NRIC No .....	SXXXX522I
Date Of Birth .....	15/05/1965
Occupation .....	Indoor

Date Of Driving Pass .....	19/10/2001
Driving experience .....	21 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97415044
Alt. Phone Number .....	-
Email Address .....	thirumalaisakthi@live.com.sg
Address .....	77 WESTWOOD AVENUE
Address complement .....	-
Postcode .....	648399
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Wet

#### 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) .....	4
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 1
Gender .....	Female

#### PASSENGER 2

Name .....	Passenger 2
Gender .....	Female

#### PASSENGER 3

Name .....	Passenger 3
Gender .....	Female

#### 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 merging into aye towards Tuas and the lane I was merging into was clear suddenly third party vehicle which was on the lane I was merging into sped up and collided onto my vehicle right side near rear passenger door area. No injuries involved.

#### ATTACHMENT(S)

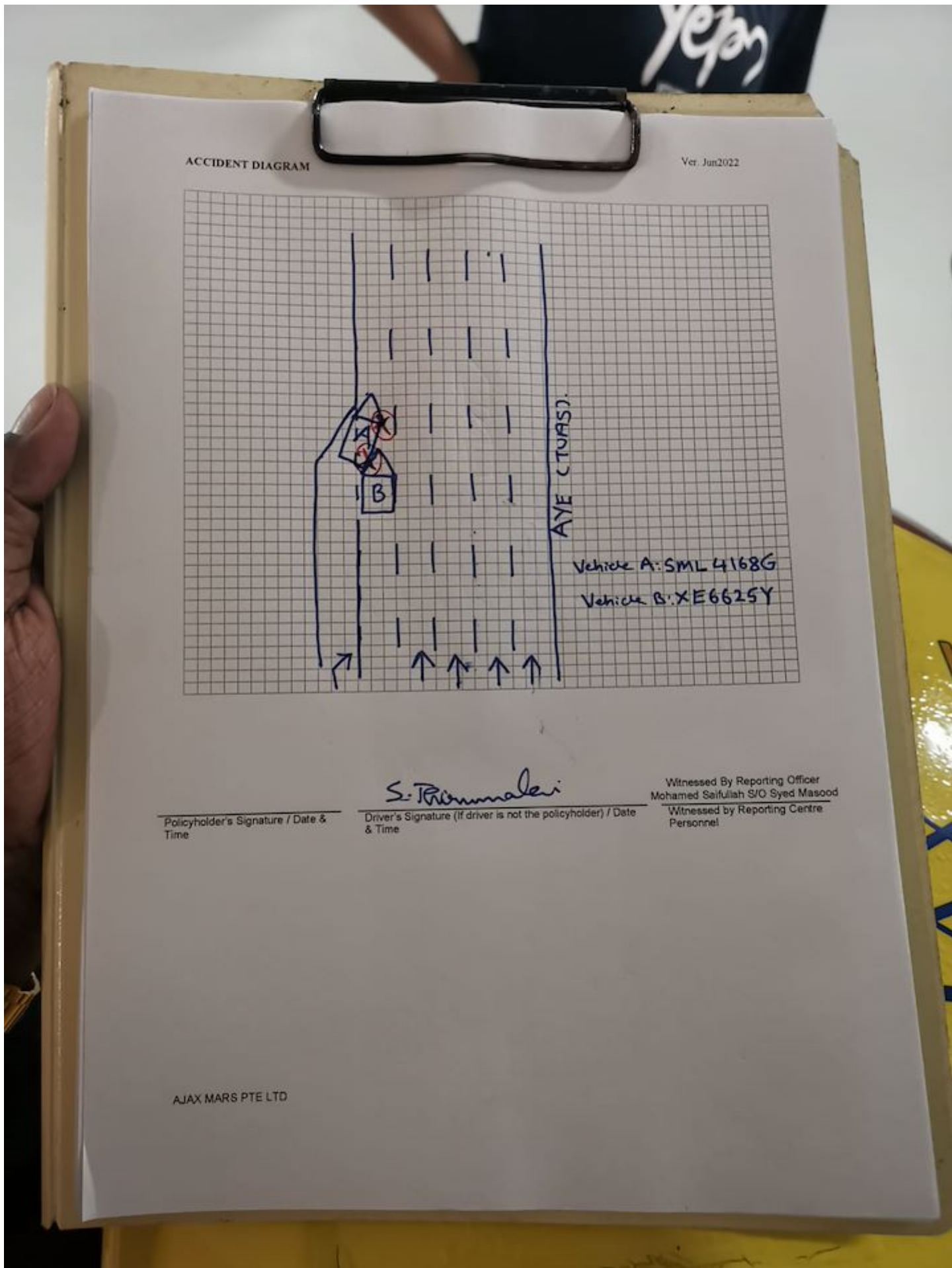
Are accident photos available for attachment? .....	Yes
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Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XE6625Y
Vehicle Manufacturer .....	Hino
Vehicle Model .....	FS1ETKA 28 TON 6X4 MT
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	HENG CHENG CHENG
Work Permit No .....	GXXXX499T
Contact Number .....	(Phone) +65-89046344
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1





ACCIDENT DIAGRAM

Ver. Jun2022

AYE (TUNAS)

Vehicle A: SML 4168G

Vehicle B: XE6625Y

S. Primmalei

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed By Reporting Officer  
Mohamed Saifulah S/O Syed Masood  
Witnessed by Reporting Centre  
Personnel

AJAX MARS PTE LTD


**Describe Circumstances of the Accident**

I was merging into AYE towards Tuas and the lane I was merging into was clear suddenly third party vehicle which was on the lane I was merging into speed up and collided onto my vehicle right side near rear passenger door area two times. I would like state that when third party driver was leaving from the accident scene he hit onto my right side mirror.  
No injuries involved.

**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 8 Nov 2022

\_\_\_\_\_  
Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel































































