

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	06/02/2023 20:25 (SGT)
Reported by	Driver
Date of Accident	04/02/2023 18:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	(NEAR BRADDELL ROAD EXIT) EXIT 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY5356B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPERJET ENGINEERING PTE LTD
Company Reg No	1XXXXX688W
Email Address	superjet@singnet.com.sg
Mobile Phone No	(Phone) +65-93543438
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110161591803

DRIVER

Name of Driver	THAINESH SENGOL STEPHEN
Passport No/FIN	GXXXX858L
Date Of Birth	17/05/1985
Occupation	Outdoor

Date Of Driving Pass	05/02/2020
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-93543438
Alt. Phone Number	-
Email Address	superjet@singnet.com.sg
Address	135 GEYLANG ROAD
Address complement	-
Postcode	389226
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	UNKNOWN
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV6782S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO OON SAN, SHAUN
NRIC No	SXXXXX684I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMS6426L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 04/02/2023 at approximately 1930hrs. Vehicle A was driving on CTE towards SLE. All of a sudden Vehicle B Brake and Vehicle A also brake but could not do so in time. Vehicle A hit Vehicle B on the rear portion and Vehicle A front portion was damaged. Upon checking Vehicle A realise that he is involved in a chain collision 3 cars.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

T. S. Kumar
Actual Driver's Signature (If driver is not the policyholder) / Date & Time

06/02/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vjan2022

































