

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 14/02/2023 17:44 (SGT)
Reported by Driver
Date of Accident 11/02/2023 09:38 (SGT)
Exact Location of Accident Singapore
Additional Location Information 51 GRANGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM7122X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WORLDWIDE MARINE ELECTRICAL PTE LTD
Company Reg No 2XXXXX066G
Email Address sales@vagrantsteel.com
Mobile Phone No (Phone) +65-91898871
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fe83be6srdea
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 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00021632201

DRIVER

Name of Driver DAS SYAMOL
Passport No/FIN GXXXX944K
Date Of Birth 08/09/1975
Occupation Outdoor

Date Of Driving Pass	03/01/2017
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81765013
Alt. Phone Number	-
Email Address	sales@vagrantsteel.com
Address	BLUE STARS DORMITORY, 3 KIAN TECK LANE
Address complement	-
Postcode	627844
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	Collision - Head to Rear
Weather Conditions	DRIZZLING
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)	1
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	-

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 THE ATTACHED STATEMENT

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	SMZ1897G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91117697

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Accused Driver.
3. Information provided must be as true and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the G.I. Records Management Centre established by the General Insurance Association of Singapore (G.I.A.) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the completion and signing of this form, you hereby consent that the information provided in this report will be used for the purpose of the insurance claim.

1. I/We hereby report the details of the accident as follows:

2. I/We hereby report the details of the accident as follows:

3. I/We hereby report the details of the accident as follows:

4. I/We hereby report the details of the accident as follows:

5. I/We hereby report the details of the accident as follows:

6. I/We hereby report the details of the accident as follows:

7. I/We hereby report the details of the accident as follows:

8. I/We hereby report the details of the accident as follows:

9. I/We hereby report the details of the accident as follows:

10. I/We hereby report the details of the accident as follows:

11. I/We hereby report the details of the accident as follows:

12. I/We hereby report the details of the accident as follows:

13. I/We hereby report the details of the accident as follows:

14. I/We hereby report the details of the accident as follows:

15. I/We hereby report the details of the accident as follows:

16. I/We hereby report the details of the accident as follows:

17. I/We hereby report the details of the accident as follows:

18. I/We hereby report the details of the accident as follows:

19. I/We hereby report the details of the accident as follows:

20. I/We hereby report the details of the accident as follows:

21. I/We hereby report the details of the accident as follows:

22. I/We hereby report the details of the accident as follows:

23. I/We hereby report the details of the accident as follows:

24. I/We hereby report the details of the accident as follows:

25. I/We hereby report the details of the accident as follows:



Byamot 13/2/23

gmuulh 14/02/2023



Describe Circumstances of the Accident

I was travelling along Grange Road at the above stated date and time. Vehicle B is stationary on the 1st lane and I hit on his rear portion of the vehicle.

Declaration

We declare the foregoing particulars are true in every respect

 *[Signature]*

Policyholder's Signature / Date & Time

Byemot 13/2/23

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

gmu 14/02/2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/D card)











