

## 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 .....	25/02/2023 08:30 (SGT)
Reported by .....	Driver
Date of Accident .....	24/02/2023 01:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TPE(CHANGI) PUNGGOL FLYOVER L/P513
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XD8312S
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LEY CHOON CONSTRUCTIONS AND ENGINEERING PTE LTD
Company Reg No .....	199004441H
Email Address .....	ROYUYUE@LEYCHOON.COM
Mobile Phone No .....	(Phone) +65-93263232
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Iveco
Model .....	OTHERS
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 - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1588

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5114236480-03

#### DRIVER

Name of Driver .....	VADIVEL VELMURUGAN
Passport No/FIN .....	F8088715U
Date Of Birth .....	29/07/1974
Occupation .....	Outdoor

Date Of Driving Pass .....	10/01/2015
Driving experience .....	8 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-94487083
Alt. Phone Number .....	-
Email Address .....	VVELMURUGAN29@GMAIL.COM
Address .....	BLK 173 #02-427 WOODLANDS STREET 13
Address complement .....	-
Postcode .....	730173
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 .....	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) .....	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

I WAS DRIVING ALONG ON EXTREME LEFT LANE. SUDDENLY, I FELT THAT THERE WAS AN IMPACT FROM REAR OF MY TMA. AFTER I ALIGHTED FROM MY TRUCK AND I DISCOVERED THAT VEHICLE B COLLIDED ONTO REAR OF TMA.

#### 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 .....	GBE5793L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-

Contact Number .....	(Phone) +65-88580565
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

Refer to GEARS.

Declaration

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



Policyholder's Signature / Date & Time

V. V. V. V.

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

25/2/2023  
0830 hrs

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Lim Kai Chuan

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

















