

# 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 witholding of material facts may allow insurance companies to repudiate policy liability.

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 24/12/2022 09:10 (SGT) Reported by Driver Date of Accident 23/12/2022 13:00 (SGT) Exact Location of Accident Eunos Rd 5, Singapore Additional Location Information Country/State of Loss

# **DETAILS OF OWN VEHICLE**

Singapore

Vehicle Registration Number YP2294A

## INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SUMACHARA LOGISTICS PTE LTD Company Reg No 2XXXXX275D Email Address mani@sumachara.com Mobile Phone No (Phone) +65-96393242 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer Hino Model XZU710R 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 Manual CC 4000

#### **INSURANCE COMPANY**

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 20002348

#### DRIVER

Name of Driver VAITHILINGAM MANI VANNAN NRIC No SXXXX603D Date Of Birth 08/05/1959 Occupation Indoor

Date Of Driving Pass 23/07/1984 Driving experience 38 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96393242 Alt. Phone Number Email Address mani@sumachara.com Address 21 FERNVALE LANE #08-25 Address complement Postcode 797500 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 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) 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 **MEENACHI** 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 PLEASE REFER TO ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMD7333T Vehicle Manufacturer

Honda

Civic

Vehicle Model

Vehicle Variant

Vehicle Colour	72
Vehicle Category	Private car
Name of Driver	MISS WEE
NRIC No	-1
Contact Number	/ <del>-</del>
Address	12
Address complement	
Postcode	E-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

## INDICHSTANT WORKS

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- 6 Consent under the Personal Data Protection Act (PD/A)

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Witnessed by Reporting Centre

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Declaration

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