SN09233S0006 / National Assessment Centre Services [406833]
ENTRY DATE & TIME: 29/03/2023 16:45 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 1 [29/03/2023 16:45 (SGT)]

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	28/03/2023 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 17:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORNIE HIGHWAY TOWARDS BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC588R

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CKR CONTRACT SERVICES PTE LTD
Company Reg No	200416739G
Email Address	s.ritesh@ckrgroup.com.sg
Mobile Phone No	(Phone) +65-63089309
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC30113367

DRIVER

Name of Driver	PATHIE BIN ABDUL GHANI
NRIC No	S1392828B
Date Of Birth	07/12/1959
Occupation	Outdoor

Date Of Driving Pass	02/01/2001
Driving experience	22 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85692839
Alt. Phone Number	-
Email Address	s.ritesh@ckrgroup.com.sg
Address	APT BLK 705 JURONG WEST STREET 71
Address complement	# 07-74
Postcode	640705
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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)	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	GBL846P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD FAHVILI BIN MUHAMMAD ASMARAK
NRIC No	S8017187J

Contact Number	(Phone) +65-88513680
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	YN5043Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BODDU MAHESH
Passport No/FIN	G2464864N
Contact Number	(Phone) +65-81479195
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN #2

Describe Circumstance of the Accident

On the above stated dude and time, I was driving along Machitchie Viaduct road and it was a 5 lane Road, two turning left to Tan payoh. I was on the fourth lane and while heading straight suddenly vehicle B hit the right side portion of my vehicle and due to the impact, my vehicle move to a little left which caused vehicle C to hit the left side of my vehicle.

Declaration

We declare that the foregoing particulars are true in every respect.

CAR CONCIERGE PTE LTD

Policyholder's Signature / Date & Time

28/3/23

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

28/3/23

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

SKETCH PLAN

SKETCH PLAN

UPON REFLECTION

5. Any late reporting may be referred to the Traffic Police Department for investigation.

Sketch Plan

Mac Ritchie Viaduct

A: PC 5868R

B: SBL 846P