

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	20/03/2023 18:02 (SGT)
Reported by	Driver
Date of Accident	19/03/2023 10:50 (SGT)
Exact Location of Accident	Near 85 Admiralty Rd W, Singapore 759952
Additional Location Information	ALONG ADMIRALTY RD W
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YQ7144L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JOKIA PRIVATE LIMITED
Company Reg No	2XXXXX323R
Email Address	hr@jokia.com.sg
Mobile Phone No	(Phone) +65-84581070
Alternative Phone No	(Office) +65-97290227

VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R 14FT WID CAB 5T MT
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	4009

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SPCM1000000252

DRIVER

Name of Driver	LIU SHOUSHAN
Passport No/FIN	GXXXX050R
Date Of Birth	06/11/1982
Occupation	Outdoor

Date Of Driving Pass	21/01/2016
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84581070
Alt. Phone Number	-
Email Address	hr@jokia.com.sg
Address	SINGAPORE
Address complement	-
Postcode	-
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 - Change/cross lane
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

On 19/03/2023 at 1050hrs, I was travelling along Admiralty Road West. As I wanted to filter to the right lane to do a u-turn, I made sure that there were no vehicles behind. While I was half way filtered into the right lane, Vehicle B (GBJ4804U) suddenly appeared and collided onto my vehicle. After Vehicle B has collided onto the right side of my vehicle, the vehicle continued to drive, causing damages to the rear portion of the vehicle.

There were no injuries involved.

ATTACHMENT(S)

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

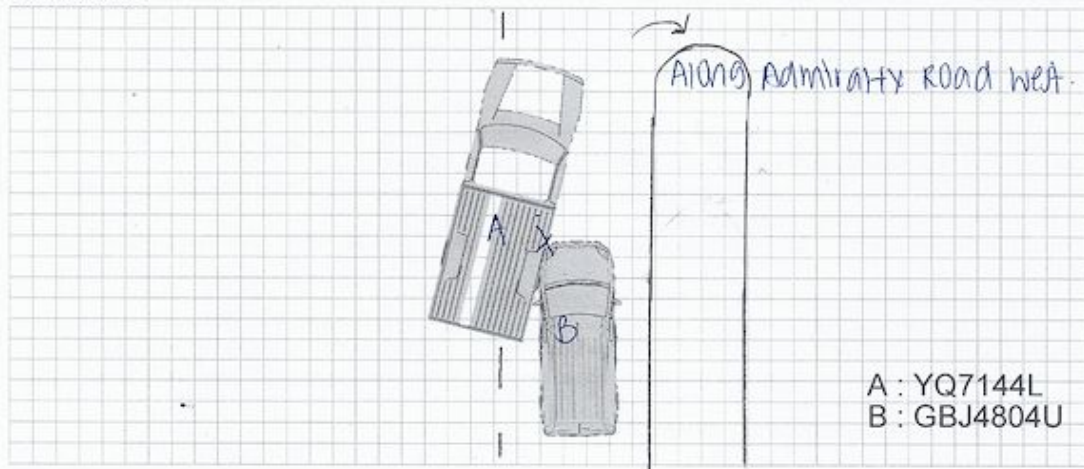
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4804
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Goods vehicle
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)	-

SKETCH PLAN

Date of Accident: 19/03/2023



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/03/2023 at 1050hrs, I was travelling along Admiralty Road West. As I wanted to filter to the right lane to do a u-turn, I made sure that there were no vehicles behind. While I was half way filtered into the right lane, Vehicle B (GBJ4804U) suddenly appeared and collided onto my vehicle. After Vehicle B has collided onto the right side of my vehicle, the vehicle continued to drive, causing damages to the rear portion of the vehicle.

There were no injuries involved.

- ☐ Own Damage Claim
- ☐ Third Party Claim
- ☐ OD/TP Claim at another workshop : _____
- ☐ Reporting Only

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3



















