# **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.

  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.

- 4. The issue and acceptance 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 24/05/2023 18:34 (SGT) Reported by **Actual Driver** Date of Accident 19/05/2023 18:30 (SGT) Exact Location of Accident Singapore Additional Location Information CLEMENTI AVENUE 6 JUNCTION OF TOH TUCK AVENUE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBL5117C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KILLEM PEST PTE LTD Company Reg No 1XXXXX016R Email Address VIGNESH@KILLEMPEST.COM Mobile Phone No (Phone) +65-81864151 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Byd Model T6 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 Auto

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00110292201

DRIVER

CC

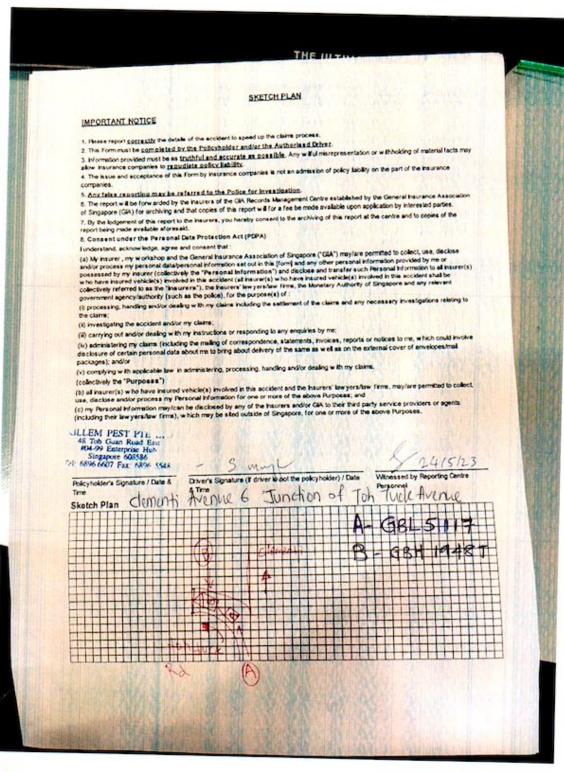
Name of Driver SIVASAMY MUTHALAGAN NRIC No GXXXX979K Date Of Birth 05/06/1989 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/02/2020 3 YEARS AND 3 MONTHS Male (Phone) +65-81864151 - VIGNESH@KILLEMPEST.COM 48 TOH GUAN ROAD EAST #04-99 - 608586 No Employee No
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender	No 2 No - Yes 2 No MALE Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
ATTACHMENT(S)  Are assident photos available for attachment?	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	GBH1948T - -

Vehicle Colour	-
Vehicle Category	Commercial 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)	-

	THE ULTIMATE GAMING GEAR	
	ton Tuck Ame Suddenly the van (GBH 1948T)  Brake and I cought stop in time and I hit  his cent.	
	Declaration  We declare the foregoing particulars are true in every respect.	
	KILLEM PEST PTE LID  48 Toh Guan Road East  ### 24/5/23  Tel- Policyholder Stignaure Ripte Films  Actual Driver's Signature (if driver is not the policyholder)  Witnessed by Reporting Centre Personnel (Name as in NRICRID card)	
The same of the sa	*Apa2022	

SKETCH PLAN #2



Accident report SN09235O000A

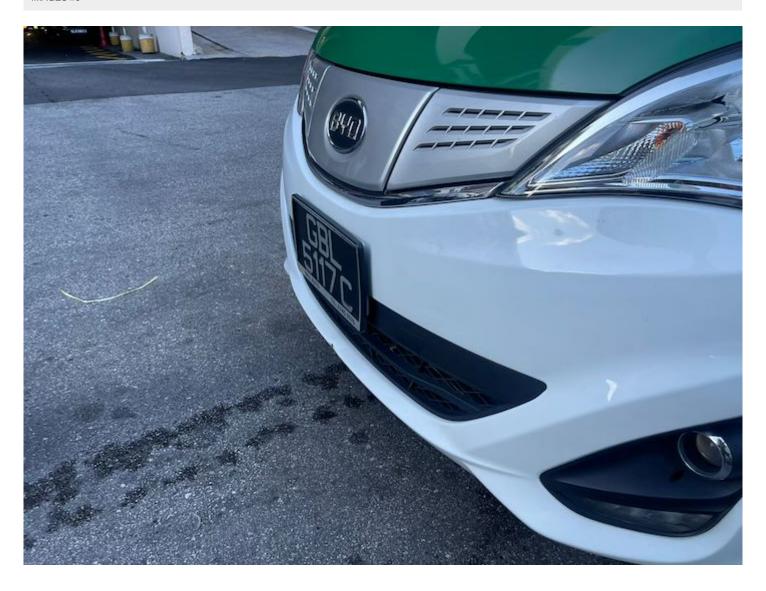
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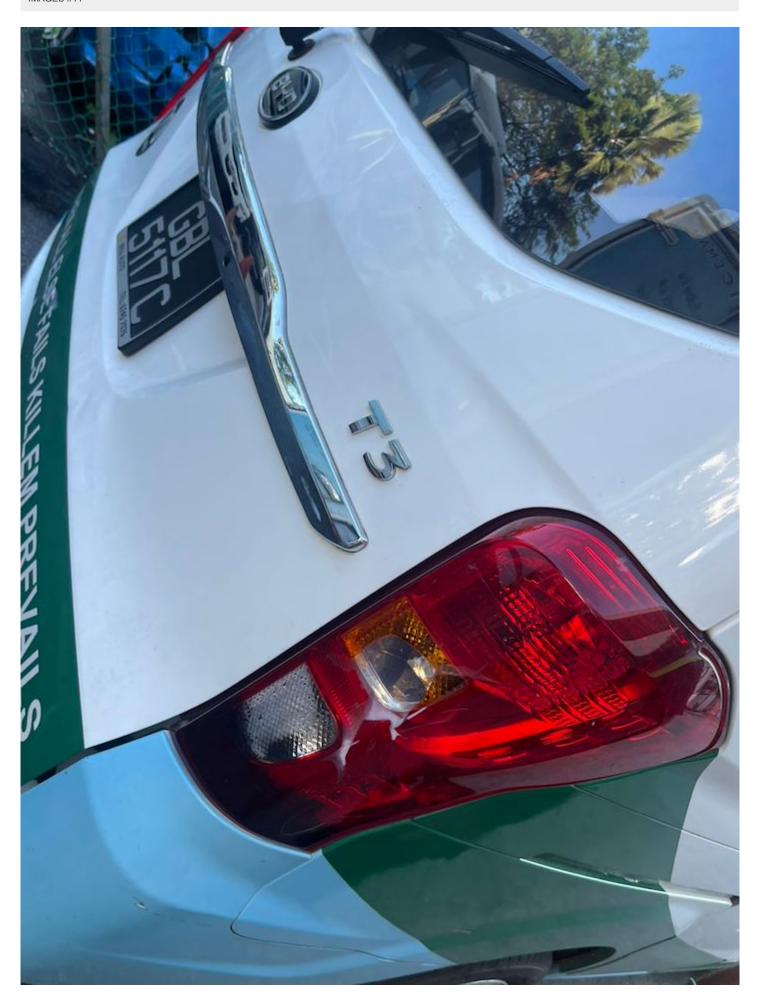


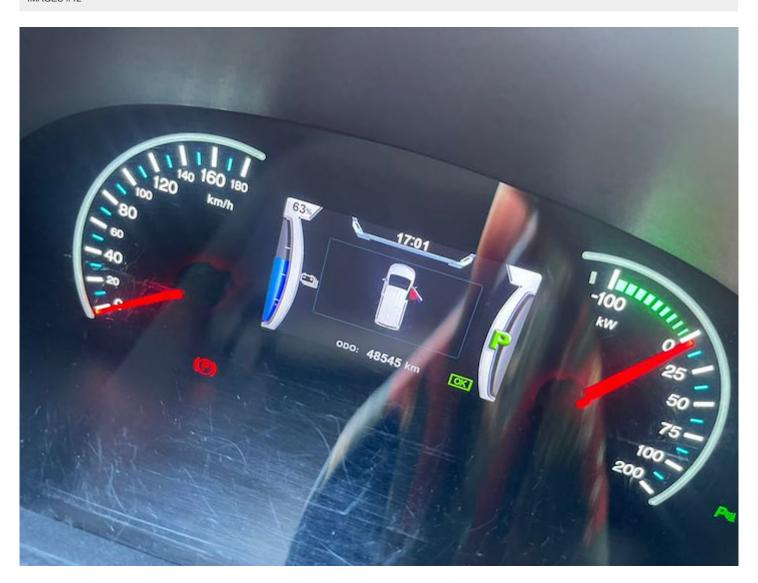














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) P ARTICULARS OF PERSON MAKING THE AMENDMENTS: \_\_\_\_ Vehicle Registration No: \_\_\_\_ GBL 5117 C o riginal Report No: SN092350000A N ame (as shown in NRIC): Sivasamy Muthalagannric/FIN/Passport No: \_\_\_\_ ( \*\* Vehicle Driver/Policyholder) (\*) Please delete as appropriate Acidress: 48 ton Guan Road East # 04-99 \_ Singapore ( 608586) Mobile No .: \_ Contact (Tel): Ernall Address: Vignesh @ Killempest.com Time of Accident: 18:30 Date of Accident: Place of Accident: China Talpin In surance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: . I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: GBL SIITC GBH 1948T elements Avenue 6 Function of Toh Tuck Avenue.

Policyholder / Actual Driver's Signature Date: Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date: