

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	15/04/2023 11:21 (SGT)
Reported by	Actual Driver
Date of Accident	13/04/2023 12:00 (SGT)
Accident Location of Accident	Singapore
Additional Location Information	220 VERDE VIEW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7894M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABSOLUT CAR LEASING PTE LTD
Company Reg No	201428763R
Email Address	ABSOLUTCARLEASING1987@GMAIL.COM
Mobile Phone No	(Phone) +65-91880807
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113277718-03

DRIVER

Name of Driver	LEONG WEI JIE
NRIC No	S8945252Z
Date Of Birth	18/12/1989
Occupation	Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email 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

01/03/2011
12 YEARS AND 1 MONTH
Male
(Phone) +65-92396177
-
LWJ_RULZS@HOTMAIL.COM
BLK 117 TECK WHYE LANE
#06-732
680117
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Hit and run / Vandalism / Damaged whilst parked
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

No
2
No
-
Yes
0
No
-
-
-
-
-

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

ON THE SAID DATE AND LOCATION MY CAR WAS PARKED STATIONARY OUTSIDE THE HOUSE UNIT WHEN I WAS INFORMED BY MY MAID THAT MY CAR WAS HIT BY A CAR OUTSIDE. AS I WENT TO RETRIEVE MY CAR I SAW THERE WAS DAMAGES ON MY REAR RIGHT PORTION OF VEHICLE. THE DRIVER OF THE OTHER CAR WAS ON SCENE. THE SAID DRIVER INFORMED ME THAT HE LOST FOCUS AND ACCIDENTALLY HIT INTO MY CAR. THERE WAS NO INJURY IN THIS CASE.

ATTACHMENT(S)

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
Vehicle Colour
Vehicle Category

GBG3437T
-
-
-
-
Commercial vehicle

Name of Driver	MOHAMMAD ARIF BIN RASHDI
NRIC No	S8441692D
Contact Number	(Phone) +65-96329483
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstance of the Accident

REF: To Group Report

Declaration

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



15/04/2013 11:25:00

Policyholder's Signature / Date & Time

[Signature]

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

15/04/2013 11:25:00

[Signature]

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

