

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 16/06/2023 14:19 (SGT)
Reported by Actual Driver
Date of Accident 15/06/2023 16:53 (SGT)
Exact Location of Accident Singapore
Additional Location Information KAKI BUKIT AVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9507R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FMC SYSTEM (ASIA) PTE LTD
Company Reg No 199002697N
Email Address FMCSYS@SINGNET.COM.SG
Mobile Phone No (Phone) +65-83289009
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Goods vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05014435

DRIVER

Name of Driver MURUGAIYAN SENGUTTUVAN
Passport No/FIN G6606643L
Date Of Birth 03/03/1982
Occupation Outdoor

Date Of Driving Pass	22/12/2020
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86462606
Alt. Phone Number	-
Email Address	FMCSYS@SINGNET.COM.SG
Address	25 KAKI BUKIT TECHPARK SINGAPORE 416256
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 - Head to Rear
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)	2
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	PASSENGER 1
Gender	Male

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

REFER TO ATTACHED REPORT

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	GBD9069Z
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) -

Describe Circumstance of the Accident

My vehicle is stationary. Suddenly I feel an impact ^{from} behind. Vehicle B was hit onto my rear portion of vehicle.

Declaration

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

FMC SYSTEM (ASIA) PTE L.

25 Kaki Bukit Crescent
Kaki Bukit Techpark

Singapore 416256

Tel: 6749 0100 Fax: 6848 4287
Email: fmcsys@singnet.com.sg

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

M. Amy

16/6/2023
@1230w

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

























