

SF0F23730001 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 03/07/2023 11:48 (SGT)
SUBMITTED BY: Jacqueline Ng
VERSION: 1 (03/07/2023 11:48 (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	03/07/2023 11:48 (SGT)
Reported by	Actual Driver
Date of Accident	30/06/2023 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC4994S
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BHUVAN CONSTRUCTION PTE LTD
Company Reg No	201134301C
Email Address	ANDY.LEE@PAS.SG
Mobile Phone No	(Phone) +65-92366363
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyh52s
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	15861

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113396825-03

DRIVER

Name of Driver	KARUNANITHI SURESHKUMAR
NRIC No	G8306459K
Date Of Birth	03/05/1987
Occupation	Outdoor

Date Of Driving Pass	06/02/2012
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98101057
Alt. Phone Number	-
Email Address	ANDY.LEE@PAS.SG
Address	NA
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

REFER SKETCH PLAN

REPAIR AT OWNER'S WORKSHOP

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	SGH2209C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

- a. I have read the above report and I have signed it as true and correct.
- b. I have read the above report and I have signed it as true and correct.
- c. I have read the above report and I have signed it as true and correct.
- d. I have read the above report and I have signed it as true and correct.
- e. I have read the above report and I have signed it as true and correct.
- f. I have read the above report and I have signed it as true and correct.
- g. I have read the above report and I have signed it as true and correct.
- h. I have read the above report and I have signed it as true and correct.
- i. I have read the above report and I have signed it as true and correct.
- j. I have read the above report and I have signed it as true and correct.
- k. I have read the above report and I have signed it as true and correct.
- l. I have read the above report and I have signed it as true and correct.
- m. I have read the above report and I have signed it as true and correct.
- n. I have read the above report and I have signed it as true and correct.
- o. I have read the above report and I have signed it as true and correct.
- p. I have read the above report and I have signed it as true and correct.
- q. I have read the above report and I have signed it as true and correct.
- r. I have read the above report and I have signed it as true and correct.
- s. I have read the above report and I have signed it as true and correct.
- t. I have read the above report and I have signed it as true and correct.
- u. I have read the above report and I have signed it as true and correct.
- v. I have read the above report and I have signed it as true and correct.
- w. I have read the above report and I have signed it as true and correct.
- x. I have read the above report and I have signed it as true and correct.
- y. I have read the above report and I have signed it as true and correct.
- z. I have read the above report and I have signed it as true and correct.

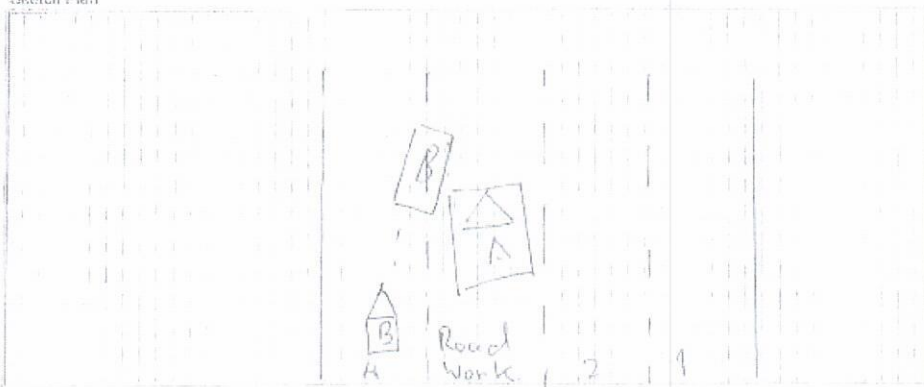


Police Officer's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name and KRRCID card)

Sketch Plan



30057422

SKETCH PLAN #2

Incident Report (Accident Report)

Attach Accident Scene photo

Attach Accident statement

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



[Signature]

Policyholder's Signature / Date & Time

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



Witnessed by Recording Centre Personnel
(No. as in NRCCD card)

vAn2022

2

SKETCH PLAN #3

On 30/6/2023 at about 4.10pm, I was driving WC4994S traveling along Sembawang Road towards Yishun Avenue 5 directions.

Before the traffic junction of Yishun Avenue 3 there is road works on the middle lane of the road. I was traveling on the right side and 3rd party SGH2209C was traveling on the left side (the road works is in between us).

After passing the road works I keep to the left and was already on the middle lane almost straight but 3rd party suddenly came from my left behind and cut into my lane. (the road works was ongoing behind us, ie the middle lane).

As a result both our vehicles collided against each other. 3rd party right rear side has hit onto my vehicle front left corner.

After the accident, we exchanged our particulars and no injuries in this accident.

3rd party driver is Goh Joo Tuan (I/C No: S2502832E).

I want to claim 3rd party for my damages.

K. Rung.

Karunanithi Sureshkumar

03/07/23