

# 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 First Submission .....        | 24/07/2023 22:31 (SGT) |
| Reported by .....                     | Actual Driver          |
| Date of Accident .....                | 24/07/2023 08:25 (SGT) |
| Exact Location of Accident .....      | Lornie Hwy, Singapore  |
| Additional Location Information ..... | -                      |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | GBE3897J |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                                |
|--------------------------------|--------------------------------|
| Is company? .....              | Yes                            |
| Name Of Registered Owner ..... | JIN QUAN ENGINEERING PTE. LTD. |
| Company Reg No .....           | 2XXXXX112N                     |
| Email Address .....            | jinquanmotor2021@outlook.com   |
| Mobile Phone No .....          | (Phone) +65-91550797           |
| Alternative Phone No .....     | -                              |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Hiace                     |
| 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 .....   | Goods vehicle             |
| Transmission .....   | Manual                    |
| CC .....   | 2982                      |

### INSURANCE COMPANY

|   |                                      |
|---|--------------------------------------|
| Name of Insurance Company .....         | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number ..... | 22-MM000918-R01                      |

### DRIVER

|                      |              |
|----------------------|--------------|
| Name of Driver ..... | LOH JOO TECK |
| NRIC No .....        | SXXXX713H    |
| Date Of Birth .....  | 30/10/1964   |
| Occupation .....     | Outdoor      |

|  |  |
|--|--|
| Date Of Driving Pass .....   | 23/07/1991                             |
| Driving experience .....   | 32 YEARS                               |
| Gender .....   | Male                                   |
| Mobile Number .....  | (Phone) +65-85956051                   |
| Alt. Phone Number .....  | -                                      |
| Email Address .....  | jinquanmotor2021@outlook.com           |
| Address .....  | APT BLK 363 TAMPINES STREET 34 #05-351 |
| Address complement .....   | -                                      |
| Postcode .....   | 520363                                 |
| 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 - Major/Minor Rd |
| 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 TO THE SKETCH PLAN

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                    |
|-----------------------------------|--------------------|
| Vehicle Registration Number ..... | GBD1157E           |
| Vehicle Manufacturer .....        | -                  |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |
| Name of Driver .....              | ISLAM ASADUL       |
| Passport No/FIN .....             | GXXXXX623W         |

|   |   |
|---|---|
| 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

lane 5 →

lane 4 →

lane 3 →

lane 2 →

lane 1 →

A - GBE3897J

B - GBD1157E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving GBE 3897J along Lornie Highway around 8.25am I was using lane 5 and when I'm about to take lane 4 there was another vehicle GBD 1157E which was moved from lane 4 to lane 3 suddenly back to lane 4 again and this made a collision

DECLARATION

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



Policyholder's Signature

Date & Time:

*Oh*

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☐ For record purpose

Policy No.:

Insurer:

Veh. No.:

























