

SV0L205J0014 / VICOM LTD (VAC) – Kaki Bukit [415536]
ENTRY DATE & TIME: 19/05/2021 14:46 (SGT)
SUBMITTED BY: Siti Nadiah Abdul Hamad
VERSION: 1 (19/05/2021 14:46 (SGT))

Your NCD will be affected due to late reporting

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 19/05/2021 14:46 (SGT)
Date of Accident 16/05/2021 12:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information GILSTEAD ROAD TWRDS BUCKLEY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YJ56Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SUPER RICH CONSTRUCTION & ENGINEERING PTE LTD
Company Reg No 2XXXXX771E
Email Address SUPERRICH_333@HOTMAIL.COM
Mobile Phone No (Phone) +65-64553111
Alternative Phone No +65-64553111

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model MITSUBISHI / CANTER FEB21ER4SDEB
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 3000

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V15533/VCH/R00
Cover Note Number -

DRIVER

Name of Driver RAMLY SAMI RAJA
Work Permit No GXXXX742P

Date Of Birth	26/06/1995
Occupation	Outdoor
Date Of Driving Pass	09/01/2020
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93234475
Alt. Phone Number	-
Email Address	SUPERRICH_333@HOTMAIL.COM
Address	44 MANDAI STREET #01-22
Address complement	-
Postcode	729940
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material 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

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 ATTACHED:

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH1888C
Vehicle Manufacturer	Mercedes
Vehicle Model	MERCEDES BENZ / E 250CGI COUPE
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAMLY SAMI RAJA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YJ56Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No