

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	28/08/2024 17:29 (SGT)
Reported by	Actual Driver
Date of Accident	28/08/2024 05:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLANDS RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9014M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA TIAN
NRIC No	SXXXX321B
Email Address	ALYSSACHUA@GMAIL.COM
Mobile Phone No	(Phone) +65-94898222
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	MOKKA X 1.6 CDTI 6AT (LED)
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000005508-00-000

DRIVER

Name of Driver	ALYSSA CHUA YU YAN
NRIC No	TXXXX100E
Date Of Birth	14/01/2000
Occupation	Indoor
Driving Pass Date	23/12/2022
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	1 YEAR AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90029351
Alt. Phone Number	-
Email Address	ALYSSACHUA@GMAIL.COM
Address	BLK 90 JALAN BUMBONG SIN
Address complement	-
Postcode	739905
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Wet

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?	Yes
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	SMB1559J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XD6007L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ALYSSA CHUA YU YAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW9014M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

On 28/8/24, at around 0525 hours. My vehicle was travelling along Woodlands Road. While reach the T-junction, I stationary my vehicle and check the traffic and there are two lorry was stationary beside the road. Then when I go second lane and stop to check again traffic and there is a bus pass by. After that I go to first lane, all of a sudden, vehicle B SMB1559J couldn't stop on time hit onto my front and rear right part portion. And my vehicle lost control and turn one round cause my rear right part portion hit onto the rear part portion of vehicle C XD6007L.

Declaration

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



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel







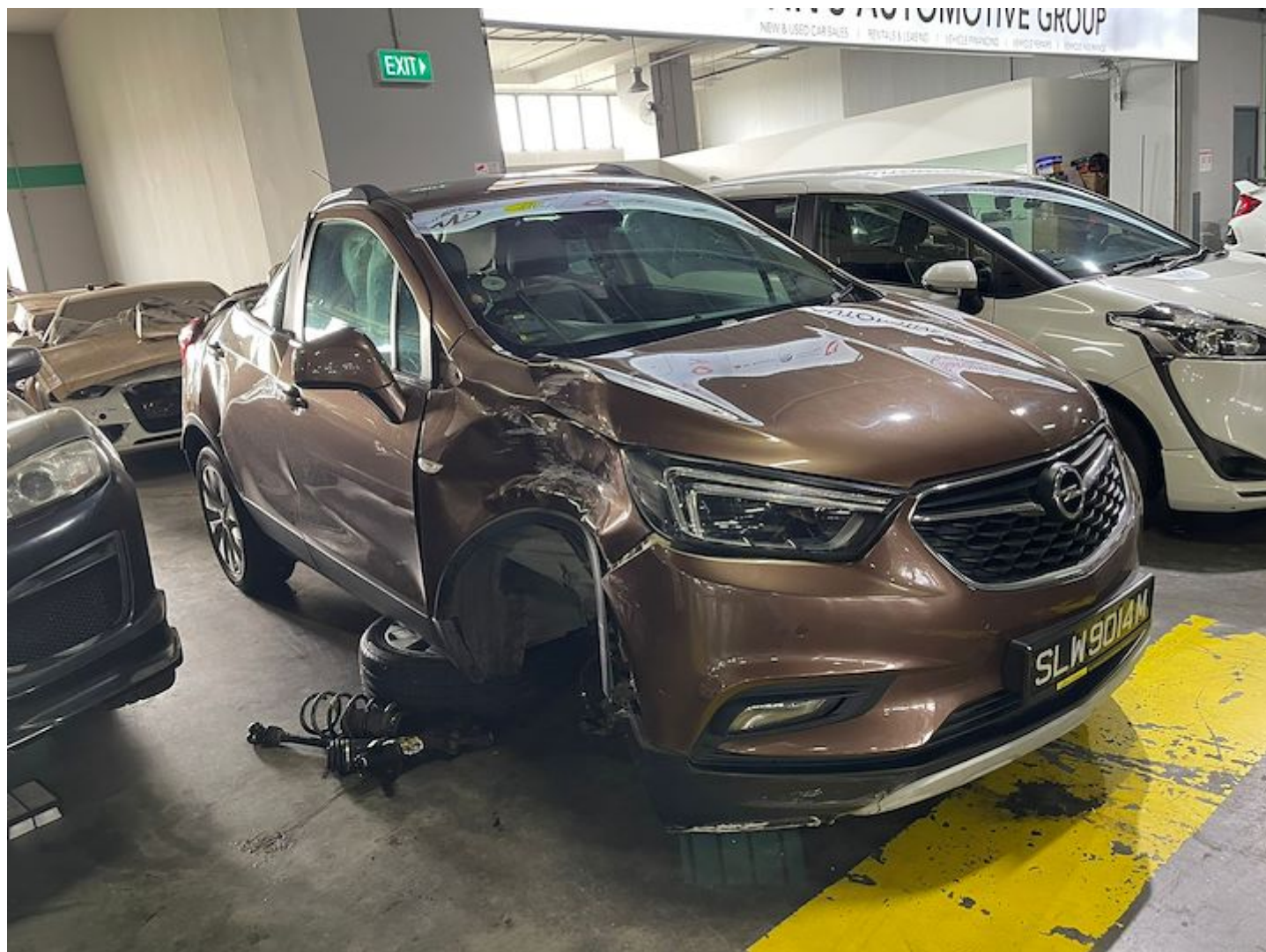
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV10248S0005 Vehicle Registration No: SLW9014M
Name (as shown in NRIC) : CHUA TIAN NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 90 JALAN BUMBONG SIN Singapore ()
Contact (Tel) : +65-94898222 Mobile No. : _____
Email Address : ALYSSACHUA@GMAIL.COM
Date of Accident : 28/08/2024 Time of Accident : 05:25
Place of Accident : ALONG WOODLANDS RD
Insurance Company : Great American Insurance Company

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

amend third party claim to OD claim

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: