

## 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 .....	02/12/2024 13:33 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	30/11/2024 13:15 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNH669M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PETER LEE LIAN KOON
NRIC No .....	S8260427H
Email Address .....	TSZELONG@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-92719166
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1500
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P11033506R00

#### DRIVER

Name of Driver .....	PETER LEE LIAN KOON
NRIC No .....	S8260427H
Date Of Birth .....	03/05/1982
Occupation .....	Indoor
Driving Pass Date .....	02/08/2006
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	18 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92719166
Alt. Phone Number .....	-
Email Address .....	TSZELONG@YAHOO.COM.SG
Address .....	BLK 115C CANBERRA WALK #02-171
Address complement .....	-
Postcode .....	753115
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	BUI THI HOA
Gender .....	Female

#### PASSENGER 2

Name .....	ELSA LEE
Gender .....	Female

#### 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

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG PIE TOWARDS CHANGI, AS THE VEHICLE INFRONT OF MY SLOW DOWN, I FOLLOW TO SLOW DOWN AND SUDDENLY VEHICLE B (SMS6413Z) BANG ONTO THE REAR PORTION OF MY VEHICLE. THERE WAS A TOTAL 4 VEHICLES INVOLVED, AFTER THE ACCIDENT, I WAS GIVEN 2 DAYS MC.

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... NO WITH OWNER.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMS6413Z  
 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 ..... VEH B  
 No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SKT1881G  
 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 ..... VEH C  
 No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SNC8398T  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... VEH D  
 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 .....	PETER LEE LIAN KOON
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNH669M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-



## Describe Circumstance of the Accident

On the stated date and time, I was travelling along PIE towards Changi, as the vehicle in front of me slow down, I follow to slow down and suddenly VEH B (SMS64132) bang onto the rear portion of my vehicle. There was total 4 vehicle involved. After the accident, I was given 2 days off.

VEH A : SMS64132  
 VEH B : SMS64132  
 VEH C : SCT18816  
 VEH D : SNC83987

## Declaration

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

  
 Policyholder's Signature / Date & Time

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

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