

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 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 16/01/2020 10:24 (SGT)
Date of Accident 14/01/2020 19:30 (SGT)
Exact Location of Accident Cairnhill Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH5275T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MR KOH GUO WEI
NRIC No SXXXX723G
Email Address KSCGP8@GMAIL.COM
Mobile Phone No (Phone) +65-81982979
Alternative Phone No +65-81982979

VEHICLE PARTICULARS

Manufacturer Audi
Model A3 SB 1.8L TFSI AT D/AB 2WD 5DR HID PSR
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

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSN3004701900
Cover Note Number -

DRIVER

Name of Driver MR KOH GUO WEI
NRIC No SXXXX723G
Date Of Birth 29/07/1992
Occupation Indoor

Date Of Driving Pass	20/05/2011
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81982979
Alt. Phone Number	+65-81982979
Email Address	KSCGP8@GMAIL.COM
Address	BLK 109D EDGEDALE PLAINS #06-145
Address complement	-
Postcode	824109
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	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 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 TO STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU3338C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98589001
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

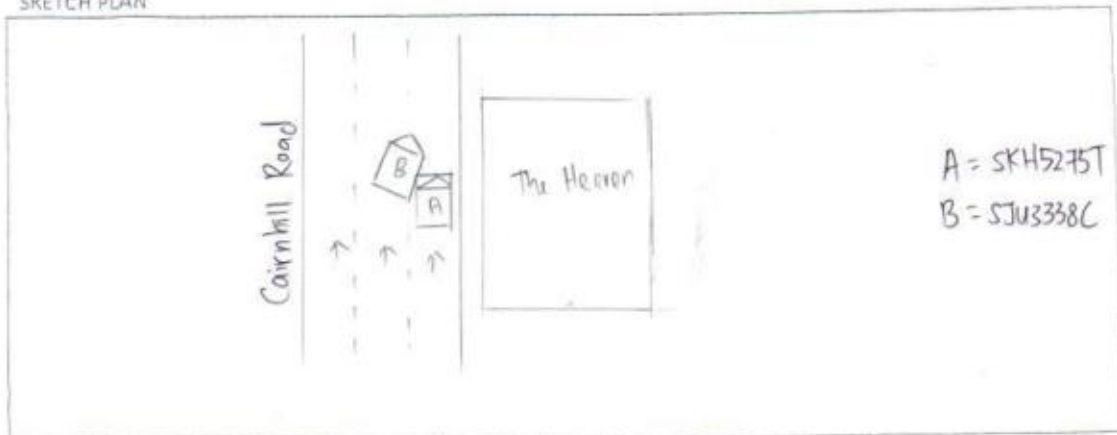
Name	-
Gender	Male

SKETCH PLAN

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/1/2020, I was travelling along Cairn Hill Road. Suddenly vehicle B from the next lane cut into my lane and hit on my left. As a result, my car sustained damages on the front and left portion. I wish to state that the incident has been recorded by my in-car camera.

DECLARATION

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

Policy holder's signature
Date / time:

Driver's signature
(If driver is not policy holder)
Date / time:

Witnessed by reporting centre personnel
Date / time:





















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: S66SS0020G / 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 : MNA120007138 Vehicle Registration No: SKH 5275T
Name (as shown in NRIC) : Koh Guo Wei NRIC/FIN/Passport No : SXXXX7236
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 81982979
Email Address : GUOWEIKOH@GMAIL.COM
Date of Accident : 14/1/20 Time of Accident : 19:30
Place of Accident : Cairnhill Rd
Insurance Company : China Taiping

(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:

Add Email Address : KSCGP8 .@GMAIL.COM

Policyholder / Driver's Signature
Date: 22 DEC 2020

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

GIARMC addendumform_v3