

# 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 .....	16/12/2020 15:01 (SGT)
Date of Accident .....	15/12/2020 20:00 (SGT)
Exact Location of Accident .....	BKE, Singapore
Additional Location Information .....	twds woodlands after pie exit
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJM3421L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NG SOK ING
NRIC No .....	SXXXX793I
Email Address .....	dominguego888@gmail.com
Mobile Phone No .....	(Phone) +65-96661156
Alternative Phone No .....	+--

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Latio
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 hire

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5106642429-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	DOMINQUE GOH JUN PENG
NRIC No .....	SXXXX657D
Date Of Birth .....	04/06/1994
Occupation .....	Indoor

Date Of Driving Pass .....	05/11/2013
Driving experience .....	7 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98184266
Alt. Phone Number .....	-
Email Address .....	domingueoh888@gmail.com
Address .....	BLK 978D BUANGKOK CRESCENT
Address complement .....	#13-235
Postcode .....	536978
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	RACHAEL
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

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 .....	SLR4118G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE CHEE YONG
Contact Number .....	(Phone) +65-94895095

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 ..... SGB8301K  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... JIANG XI  
 Contact Number ..... (Phone) +65-90308295  
 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 3

Vehicle Registration Number ..... SMH6591A  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... TAN YONG CHIANG  
 Contact Number ..... (Phone) +65-90271398  
 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 ..... DOMINQUE GOH JUN PENG  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SJM3421L  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... RACHAEL  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY

Injured person in which vehicle? .....	SJM3421L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No





**Describe Circumstances of the Accident**

I was travelling along Bkii towards Woodlands on extreme right lane.  
 Front vehicle stopped. I stopped my vehicle as well. Suddenly I felt an  
 impact of my vehicle and realised that vehicle B hit onto my vehicle  
 rear portion. There were 4 vehicles involved in this accident.

**Declaration**

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













