



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	29/12/2020 18:24 (SGT)
Date of Accident	26/12/2020 10:45 (SGT)
Exact Location of Accident	1 Balmoral Cres, Singapore 259882
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6545R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Ong Hong Ghee
NRIC No	SXXXX278E
Email Address	wendylovepopcorn@gmail.com
Mobile Phone No	(Phone) +65-96683315
Alternative Phone No	+65-96683315

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	TFR54HDR
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MOMVC000004239-03-000
Cover Note Number	-

DRIVER

Name of Driver	Ong Hong Ghee
NRIC No	SXXXX278E
Date Of Birth	21/04/1972
Occupation	Indoor



Date Of Driving Pass	23/06/1993
Driving experience	27 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96683315
Alt. Phone Number	+65-96683315
Email Address	wendylovepopcorn@gmail.com
Address	Blk 523, Jurong West St 52, #13-235
Address complement	-
Postcode	640523
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	YL6332T
Insurance Company of Other Vehicle Owned by Driver	Great American Insurance

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Leong Ying Xin
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 attached sketch plan.

ATTACHMENT(S)

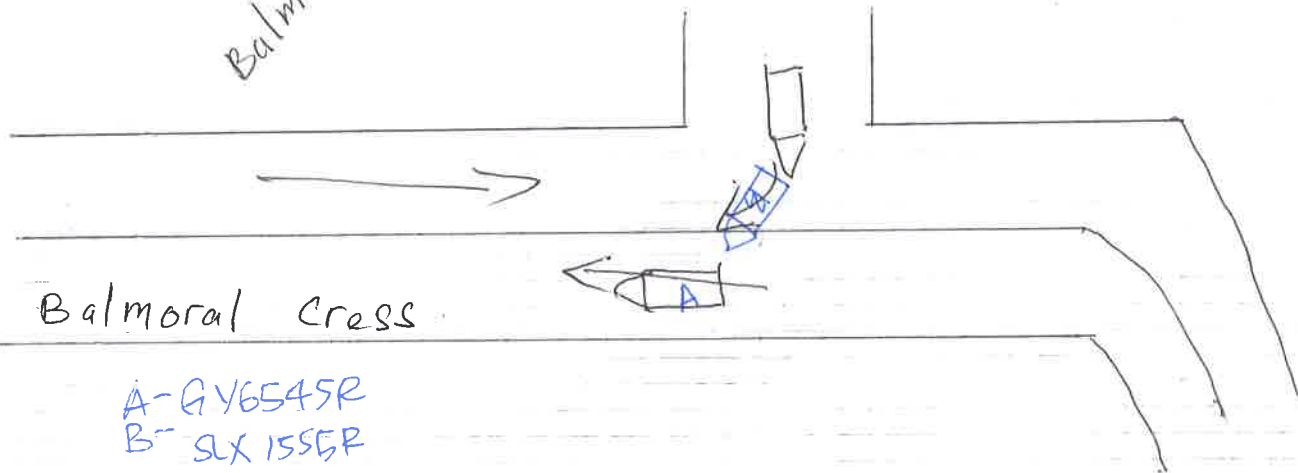
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX1555R (A1G)
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Angela
Contact Number	(Phone) +65-97585545

SKETCH PLAN

Balmoral place



Balmoral Cress

A-GY6545R

B-SLX1555R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 Dec 2020, I was driving along Balmoral Cress
at 10~~4~~5 hrs
when suddenly, I was hit by vehicle B, SLX1555R on the right
rear side.

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

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