

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 11/01/2021 18:12 (SGT)
Date of Accident 09/01/2021 17:05 (SGT)
Exact Location of Accident Upper Serangoon Rd, Singapore
Additional Location Information SLIP RD INTO SERANGOON AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ1025X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIM YAN HWEE TRADING PTE LTD
Company Reg No 2XXXXX144R
Email Address edmond0652@gmail.com
Mobile Phone No (Phone) +65-63820158
Alternative Phone No +65-63820158

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
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 AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070178302
Cover Note Number -

DRIVER

Name of Driver YANG KOR KEE
NRIC No SXXXX133C
Date Of Birth 22/05/1962
Occupation Outdoor

Date Of Driving Pass	17/01/1980
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-97812155
Alt. Phone Number	-
Email Address	edmond0652@gmail.com
Address	BLK 130 KIM TIAN ROAD
Address complement	#04-149
Postcode	160130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
Weather Conditions	AFT RAINING
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?	No
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

PLS REFER TO THE ATTACHED STATEMENT.

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	EJ8889M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

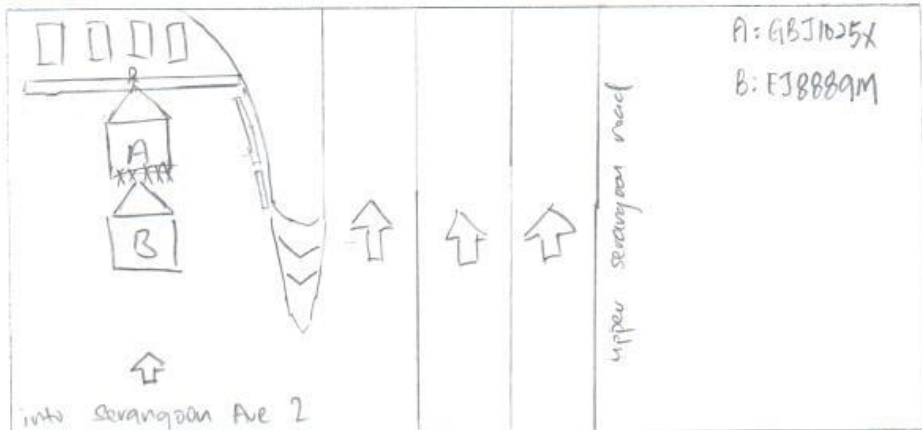
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YANG KOR KEE
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK
Injured person in which vehicle? GBJ1025X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was approaching into the slip road
from Upper Serangoon Road into Serangoon Ave 2.
I stopped my vehicle to give way to the pedestrian.
Suddenly after stopping for about 20 seconds.
I felt a huge impact from the rear of
my car.
I then alighted my vehicle and the person
who bang my vehicle came and apologise to me
I felt extremely uncomfortable at my
neck area.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 11/6/21

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



























