

## 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 ..... 18/01/2021 15:02 (SGT)  
Date of Accident ..... 16/01/2021 11:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TWRDS CHANGI(BEFORE LORNIE EXIT)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF1254Y

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EAST SPARKLE TRADING  
Company Reg No ..... 5XXXX284C  
Email Address ..... jasonkcapl@gmail.com  
Mobile Phone No ..... (Phone) +65-92716646  
Alternative Phone No ..... +65-92716646

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
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 ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5081578551-04  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TOH THIAN TENG  
NRIC No ..... SXXXX048C  
Date Of Birth ..... 17/02/1950  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/02/1975
Driving experience .....	45 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92716646
Alt. Phone Number .....	-
Email Address .....	jasonkcapl@gmail.com
Address .....	BLK 217 PETIR ROAD #08-387
Address complement .....	-
Postcode .....	670217
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 .....	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 .....	3
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 .....	CHOONG SOEI YONG
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 ATTACHED;

#### 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 .....	XB8429A
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	NISSAN / CKB45ABTN2
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SGJ3074G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	TOYOTA / WISH 1.8 A
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 .....	TOH THIAN TENG
Address .....	BLK 217 PETIR ROAD #08-387
Address Complement .....	-
Post Code .....	670217
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBF1254Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## Describe Circumstances of the Accident

On 16-01-2021 at about 11:15am . I was travelling along PIE Towards Changi ( Before Lorie Road ) . I was Stationary due to front traffic . Suddenly I felt an impact from my rear and my car moved forward hit the front vehicle .  
I was involved in a 3 vehicles chain collision .

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

卓添丁

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@idac.com.sg

Witnessed by Reporting Centre Personnel

18 JAN 2021



















