

# 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 ..... 30/01/2021 14:22 (SGT)  
Date of Accident ..... 29/01/2021 19:30 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 3, Singapore  
Additional Location Information ..... TOWARDS CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLE719S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... FRANCIS CHUA POH HUAT  
NRIC No ..... SXXXX539H  
Email Address ..... francis\_chua75@hotmail.com  
Mobile Phone No ..... (Phone) +65-97436891  
Alternative Phone No ..... +65-97436891

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 ..... DMPCSNW00068182000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... FRANCIS CHUA POH HUAT  
NRIC No ..... SXXXX539H  
Date Of Birth ..... 15/07/1975  
Occupation ..... Outdoor

Date Of Driving Pass .....	14/11/2003
Driving experience .....	17 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97436891
Alt. Phone Number .....	+65-97436891
Email Address .....	francis_chua75@hotmail.com
Address .....	BLK 298 PUNGGOL CENTRAL #08-467
Address complement .....	-
Postcode .....	820298
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 .....	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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WIFE
Gender .....	Male

#### 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

PLEASE REFER TO 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 .....	SFP6623H
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PANG SHENG JUN
NRIC No .....	SXXXX245I

Contact Number .....	(Phone) +65-92220505
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 .....	SMQ5446X
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHIA TONG KHIAW
NRIC No .....	SXXXX709G
Contact Number .....	(Phone) +65-88099338
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 .....	FRANCIS CHUA POH HUAT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SLE719S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



**Describe Circumstances of the Accident**

ON 29/08/2021 AT ABOUT 19:30 HRS I WAS STOPPING AT THE TRAFFIC JUNCTION AT ANSTON RD AND I SUDDENLY I FELT A BUMP. I CAME OUT FROM MY CAR & SAW A CAR ~~PLATE~~ SFP 6623H RAN INTO THE REAR OF MY CAR. TOTAL 3 CAR. CONTACT COLLISION LAST CAR SMC 5446X

**Declaration**

We declare the foregoing particulars are true in every respect.

 30/11/2021  
Policyholder's Signature / Date & Time

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

 30/08/2021  
Witnessed by Reporting Centre Personnel

















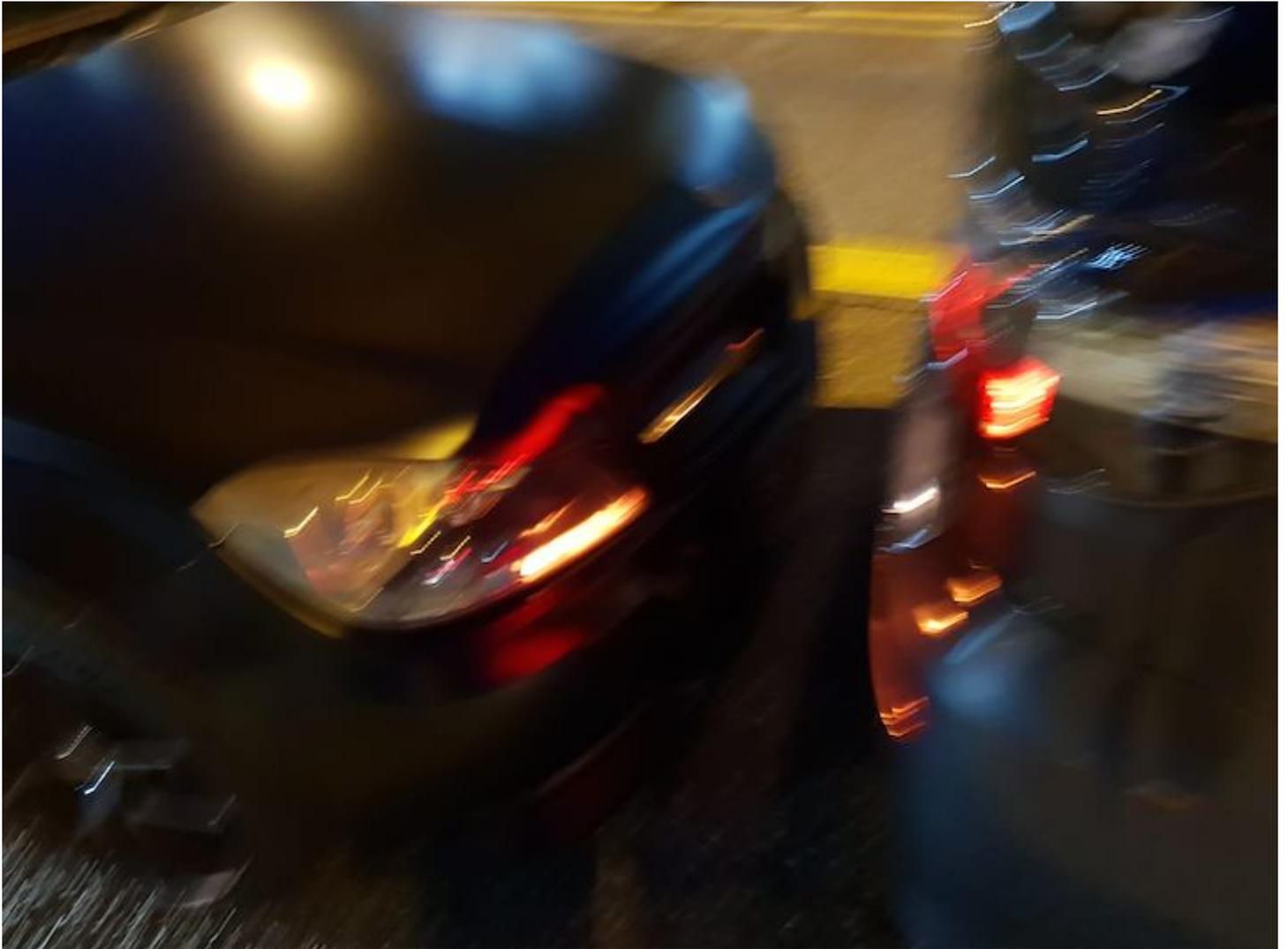




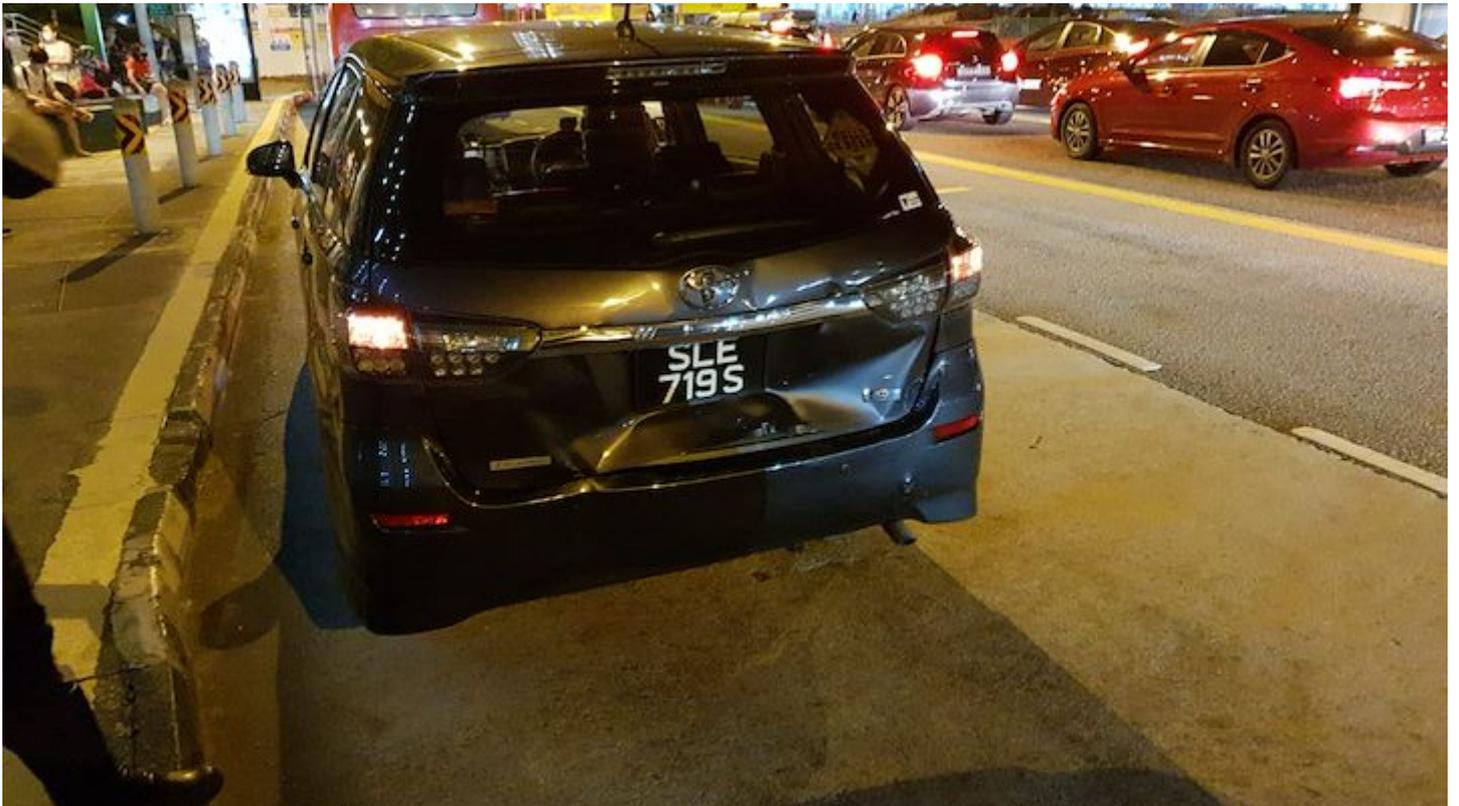


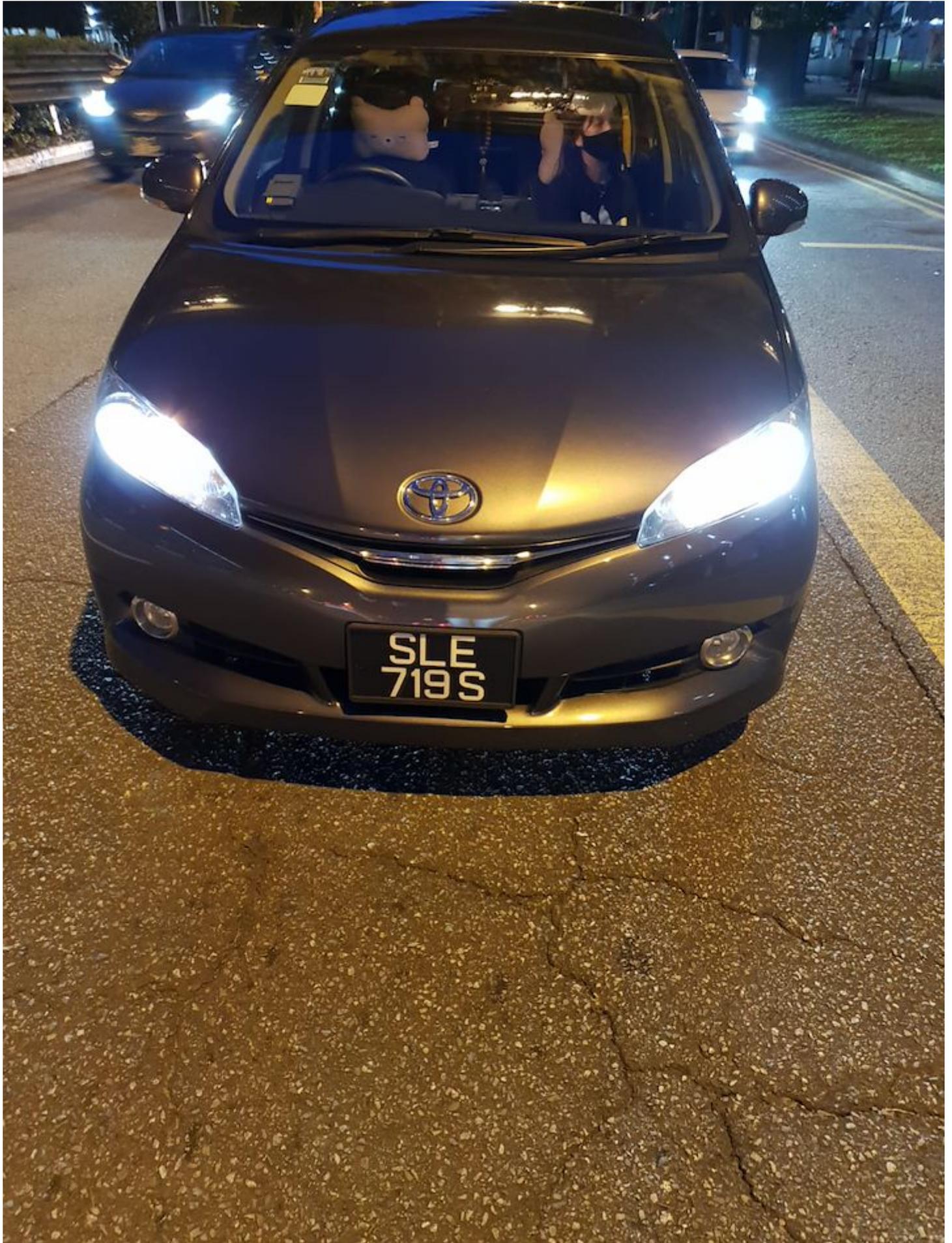


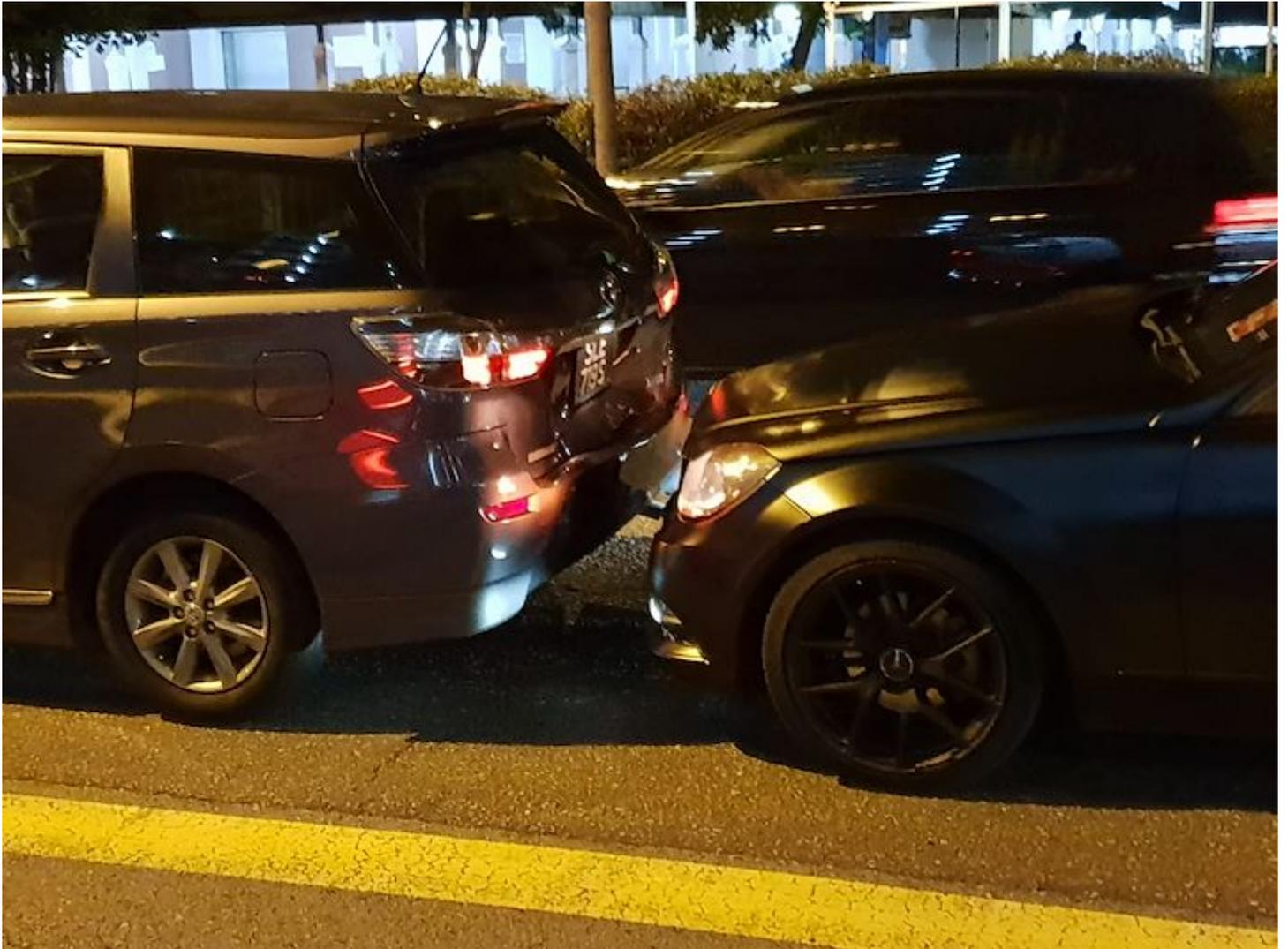










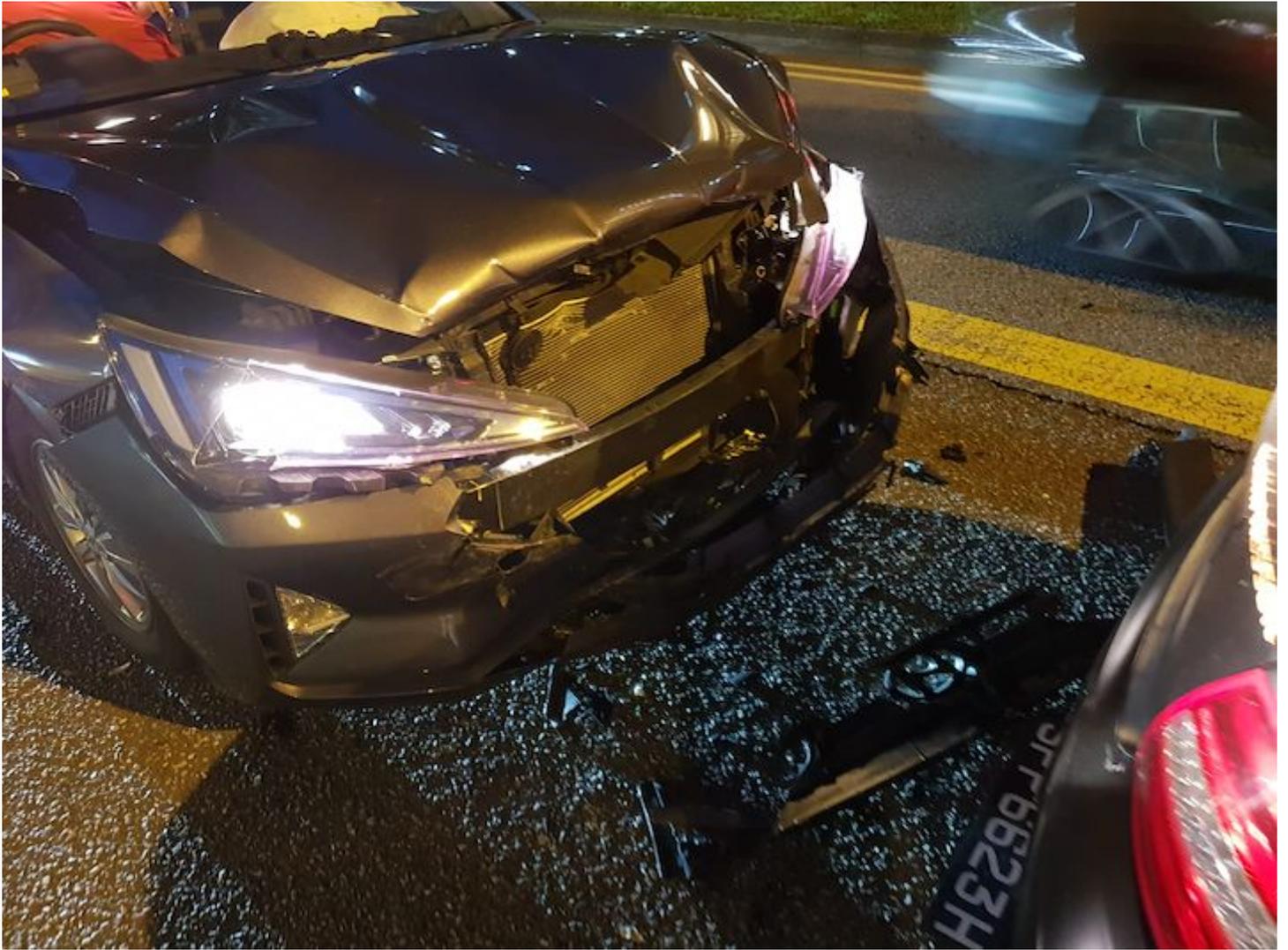


















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**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 : SN09211U0005 Vehicle Registration No: SUC 719S  
Name (as shown in NRIC) : FRANCIS CHIA POH HUAN NRIC/FIN/Passport No : SXXXXXXS  
(\*Vehicle Driver / Vehicle Owner)(\* Please delete as appropriate)  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97436891  
Email Address : \_\_\_\_\_  
Date of Accident : 29/01/2021 Time of Accident : 19:30  
Place of Accident : only no ker AM 3  
Insurance Company : China Tompkins

**(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:

To upload the correct street view

Policyholder / Driver's Signature  
Date:

[Signature] 01/02/2021  
Reporting Centre Personnel's Signature  
Name: