



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	18/02/2021 09:53 (SGT)
Date of Accident	17/02/2021 12:00 (SGT)
Exact Location of Accident	Tagore Ln, Singapore
Additional Location Information	T-JUNC TWDS UPP THOMSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ6168S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEW ANN CONSTRUCTION PTE LTD
Company Reg No	1XXXXX338N
Email Address	CATHERINE@JUNSHI.COM.SG
Mobile Phone No	(Phone) +65-64561122
Alternative Phone No	+65-97589400

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	DMPCSNW00165632001
Cover Note Number	-

DRIVER

Name of Driver	YAP KING BOON
NRIC No	SXXXX705D
Date Of Birth	24/06/1977
Occupation	Indoor



Date Of Driving Pass	16/07/2001
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97589400
Alt. Phone Number	-
Email Address	CATHERINE@JUNSHI.COM.SG
Address	90 TAGORE LANE
Address complement	SINDO INDUSTRIAL ESTATE
Postcode	787532
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	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)	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

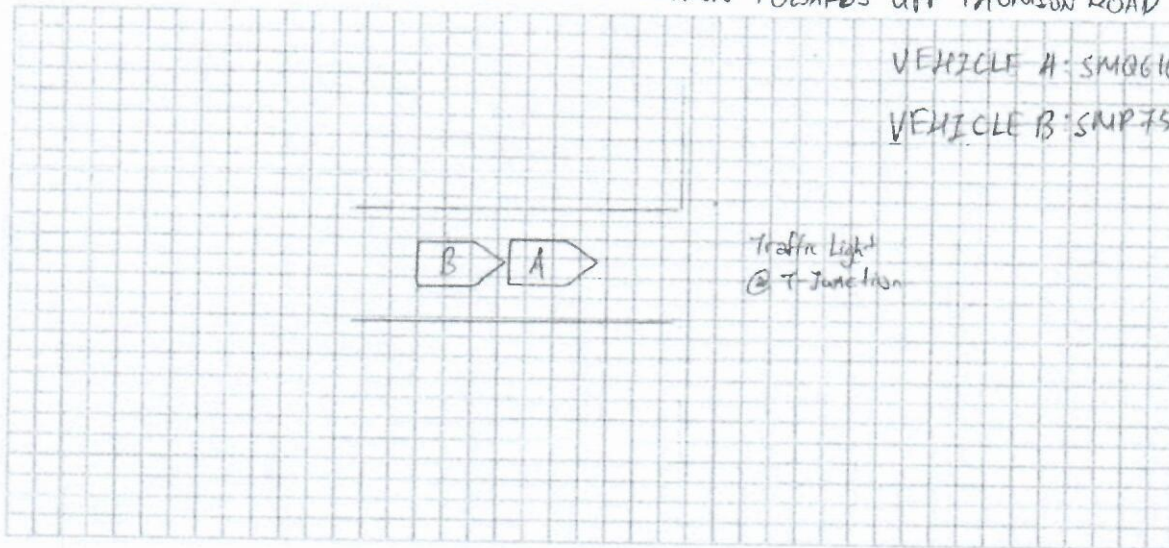
Vehicle Registration Number	SMP7556D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

SKETCH PLAN:

TAGORE LANE T-JUNCTION TOWARDS UPP THOMSON ROAD

VEHICLE A: SMOG1685

VEHICLE B: SMP7556D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG TAGORE LANE T-JUNCTION TOWARDS UPPER THOMSON ROAD. THE TRAFFIC LIGHT WAS RED, I SLOWED DOWN AND STOPPED. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEH B REAR-ENDED MY VEHICLE.

DECLARATION

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

X

Policyholder's Signature _____

Date & Time: 1430

17/2/21

Driver's Signature

(if driver is not the policyholder)

Date & Time: 1430

17/2/21

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No.: