

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 23/02/2021 17:27 (SGT)
Date of Accident 22/02/2021 16:25 (SGT)
Exact Location of Accident 3 Ang Mo Kio Ave 8, Singapore
Additional Location Information ANG MO KIO AVE 3 TOWARDS ANG MO KIO HUB
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD5570M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GLOBAL ADVANCE LEASING
Company Reg No 52935825E
Email Address SERVICE@GAL.COM.SG
Mobile Phone No (Phone) +65-61000425
Alternative Phone No (Office) +65-61000425

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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 -
Cover Note Number -

DRIVER

Name of Driver MALIK BIN CHE MAT
NRIC No S1616937D
Date Of Birth 24/10/1963
Occupation Indoor

Date Of Driving Pass 16/09/1992
Driving experience 28 YEARS AND 5 MONTHS
Gender Male
Mobile Number (Phone) +65-84823634
Alt. Phone Number -
Email Address MALIK.CHEMAT@YAHOO.COM.SG
Address BLK 624A WOODLANDS DR 52 #12-09
Address complement -
Postcode -
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Hirer
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? No
Was any injured conveyed to hospital by ambulance? -
Was any other material or property damaged? Yes
Number of Passengers (Including Driver) 4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name FARIDAH
Gender Female

PASSENGER 2

Name ROSMA WATI
Gender Female

PASSENGER 3

Name SAIF
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

THE ACCIDENT HAPPENED ON 22/02/2021 AT 1625 ALONG AMK AVE 3 TOWARDS AMK HUB. I WAS ON THE 1ST LANE AND WAITING FOR THE TRAFFIC LIGHT GO SIGNAL WHEN SUDDENLY I FELT AN IMPACT FROM BEHIND. I ALIGHT AND REALIZED VEHICLE (B) HIT INTO MY VEHICLE REAR PORTION AND ANOTHER VEHICLE (C) COLLIDED INTO VEHICLE (B) REAR AND CAUSED A CHAIN COLLISION

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 SMF63H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver PIAK XIANH FU
NRIC No S8433637H
Contact Number (Phone) +65-96508575
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

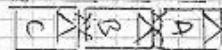
Vehicle Registration Number GBG1286A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number (Phone) +65-82685660
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

A: SMDF5598M

B: SMFG63H

C: 6RG61286A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT HAPPENED ON 22/02/2021 AT 1625 HRS ALONG ANG MO KIO AVE 3 TOWARDS ANG MO KIO HRS. I WAS ON THE 1ST LANE AND WAITING FOR THE TRAFFIC LIGHT GO SIGNAL. WHEN SUDDENLY I FELT AN IMPACT FROM BEHIND. I FLINCHED AND REALIZED VEHICLE (B) HIT INTO MY VEHICLE REAR PORTION AND ANOTHER VEHICLE (C) COLLIDED INTO VEHICLE (B) REAR AND CAUSED CHAIN COLLISION.

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.:

