

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 THGE 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: SMDS578M
 B: SMF63H
 C: 6B61286A

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 BUS. 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) COLLIDES 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.:

GIARMC SketchPlanForm_V3

