

# 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 ..... 05/04/2021 11:24 (SGT)  
Date of Accident ..... 31/03/2021 13:59 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE/ Tuas Before KPE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJQ1734B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Justin Yeo Jun Meng  
NRIC No ..... SXXXX124C  
Email Address ..... yeo\_justin@icloud.com  
Mobile Phone No ..... (Phone) +65-96447427  
Alternative Phone No ..... (Home) +65-96447427

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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  
Transmission ..... Auto  
CC ..... 1400

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... MT 00876354  
Cover Note Number ..... nil

### DRIVER

Name of Driver ..... Justin Yeo Jun Meng  
NRIC No ..... SXXXX124C



Date Of Birth .....	10/01/1998
Occupation .....	Indoor
Date Of Driving Pass .....	19/11/2020
Driving experience .....	4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96447427
Alt. Phone Number .....	(Home) +65-96447427
Email Address .....	yeo_justin@icloud.com
Address .....	767 Bedok Reservoir View #06-219
Address complement .....	-
Postcode .....	470767
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 .....	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) .....	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? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Report Please refer to Police Report

#### 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 .....	SGS994Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) ..... -

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SGW994C  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 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 ..... Justin Yeo Jun Meng  
 Address ..... 767 Bedok Reservoir View #06-219  
 Address Complement ..... -  
 Post Code ..... 470767  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... unknown  
 Injured person in which vehicle? ..... SJQ1734B  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No



**Describe Circumstances of the Accident**

Handwritten notes on lined paper:

- Top right: *Point 1*
- Middle right: *no power*
- Bottom left: *Ref*

**Declaration**

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

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel