



## 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	10/04/2021 10:08 (SGT)
Date of Accident	09/04/2021 08:45 (SGT)
Exact Location of Accident	Near Ang Mo Kio Ave 6, Singapore
Additional Location Information	ANG MO KIO AVENUE 6 TOWARDS MARYMOUNT ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX1530X
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH BANG TECK
NRIC No	SXXXX771D
Email Address	GOHBBTT@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98312894
Alternative Phone No	(Home) +65-98312894

#### 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
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10195571R01
Cover Note Number	-

#### DRIVER

Name of Driver	GOH BANG TECK
NRIC No	SXXXX771D



Date Of Birth .....	23/05/1945
Occupation .....	Indoor
Date Of Driving Pass .....	05/06/1969
Driving experience .....	51 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98312894
Alt. Phone Number .....	(Home) +65-98312894
Email Address .....	GOHBBTT@YAHOO.COM.SG
Address .....	23 MILTONIA CLOSE
Address complement .....	#01-07
Postcode .....	768059
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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	FOO YOONG KIM
Gender .....	Female

#### 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

#### REFER TO ACCIDENT SKETCH

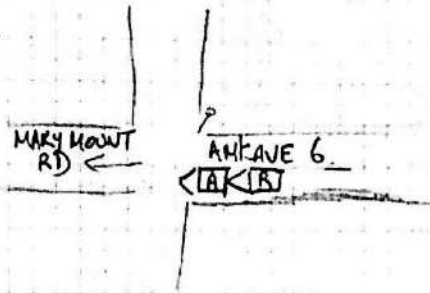
#### ATTACHMENT(S)

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 .....	GBE4798E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

# SKETCH PLAN



A - SGX1530X  
B - GBE4798E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ang Mo Kio 6 towards Marymont Road, on the 9th of April when the accident occurred. I had stopped for the traffic light. Suddenly GBE 4798E hit the rear of my car. We exchanged numbers for insurance claim purpose.

## DECLARATION

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

Policyholder's Signature

Date & Time: 20/4/21

9.15am

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Kavidha

NRIC/FIN No.: S8171135F