

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 15/05/2021 13:41 (SGT)
Date of Accident 11/05/2021 09:55 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE Towards City Before Balestier Exit
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD5355E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Hwang Ling Huei
NRIC No SXXXX078I
Email Address jim.koh@hotmail.com
Mobile Phone No (Phone) +65-98595659
Alternative Phone No +65-98595659

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 1200

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 29125126 AV2
Cover Note Number -

DRIVER

Name of Driver Hwang Ling Huei
NRIC No SXXXX078I

Date Of Birth	16/10/1959
Occupation	Indoor
Date Of Driving Pass	18/12/1991
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98595659
Alt. Phone Number	+65-98595659
Email Address	jim.koh@hotmail.com
Address	Blk 428 Tampines St 41 #08-467
Address complement	-
Postcode	520428
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)	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

Refer Sketch Plan

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN4783U
Vehicle Manufacturer	Kia
Vehicle Model	Cerato
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)	1


Describe Circumstances of the Accident

11/05/2021 0955h, I was travelling along CTE → city before
 Bolanar Run on the lane 1. Traffic was heavy and slow. My front vehicle
 slow down as I slow down too. However vehicle B don't stop on time
 and hit the rear of my vehicle A.

Declaration

We declare the foregoing particulars are true in every respect.

X 
 Policyholder's Signature / Date &
 Time

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

 
 Witnessed by Reporting Centre
 Personnel























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS0L215F001 Vehicle Registration No: SLD 535SE
 Name (as shown in NRIC): Hwang Ling Hui NRIC/FIN/Passport No: S 1372078I
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 98595659 Mobile No.: 98595659
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: _____
 Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Upload Accident Vehicle Photo

Winky
 Policyholder / Driver's Signature
 Date:

Winky
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

