

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	31/05/2021 18:12 (SGT)
Date of Accident	28/05/2021 09:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TUAS BFR KALLANG BAHRU EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW6745U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1ST AUTO PRO PTE LTD
Company Reg No	-
Email Address	KEITH_KER@LIVE.COM
Mobile Phone No	(Phone) +65-97240353
Alternative Phone No	+65-97240353

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNW00008302000
Cover Note Number	-

DRIVER

Name of Driver	KER SHUN QI KEITH
NRIC No	SXXXX645B

Date Of Birth	10/06/1988
Occupation	Outdoor
Date Of Driving Pass	04/10/2010
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97240353
Alt. Phone Number	-
Email Address	KEITH_KER@LIVE.COM
Address	BLK 261A PUNGGOL WAY #10-353
Address complement	-
Postcode	821261
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	Collision - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	JEFFREY TAN BOON TECK
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

REFER TO STATEMENT

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	SKX3778M
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 KER SHUN QI KEITH
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMW6745U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person JEFFREY TAN BOON TECK
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMW6745U
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

On 28 May 2021, around 9:40am. I was travelling at PIE (Tuas) and got into an accident before Kallang bohrv Exit. I was at Lane 4. going straight on my lane, there was a Vehicle (B) Suddenly cut into my lane and I was unable to react and bang onto the left portion of that vehicle. My Vehicle (A) ^{front} right portion was damaged pretty badly.

you can refer to the accident video footage for more details.

Declaration

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

Witnessed by Reporting Centre Personnel

















